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The Ohio Public Health Journal

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EDITORIALS

Ohio Now in Front Rank in Health Organization

The Hughes health district bill is a law —or will be as soon as the ninety-day referendum period provided by the constitution has expired. Translated into results, this statement means that Ohio is soon to have what competent observers believe to be the most effectively organized local health administrative system in existence.

The future is full of hope of greatly improved standards of public health in Ohio. The State has had placed in its hands a powerful weapon for opposing the spread of disease. The people of the next generation, it can not be doubted, are going to be better men and women physically than those of today—and the Hughes law will deserve much of the credit for this betterment.

Ohio has some black pages in her public health history. Thousands of citizens have been sacrificed to public carelessness. Diseases which an awakened sense of public duty would cause to disappear without delay have claimed their victims year after year. Sorrow has come into many homes, unfortunate persons have been forced to struggle along under easily avoidable burdens, business and industrial efficiency have been kept at a low point—all because of governmental negligence in the field of public health.

That day is soon to be forever past. The means of preventing continuance of that state of affairs has been provided. To every city, village and rural home within the borders of Ohio the Hughes law carries a message of promise—promise of greater happiness and better economic conditions.

The State has at last recognized the collective responsibility of the commonwealth for protecting health and life, and has put that recognition into concrete form in the health district law.

* * *

Public Must Be Educated in Need for Health Protection

Forward-looking citizens who recognize the importance of laws for the betterment of the public health can perform no greater duty to the State in the next few months than to help prepare the public for the operation of the new health district law. With

all our enthusiasm in behalf of this measure, we must not forget that a very large section of the State's population has not yet awakened to the need of such legislation. The indifference—in some instances the prejudice—which undoubtedly exists in many quarters must be dispelled by repeated presentation of the facts of health conditions as they have existed in Ohio in the past and as they may be expected to improve in the future.

Most of the readers of this magazine show by the fact that they do read it that they have more or less acquaintance with the field of public health work. They are the missionaries who must convert thousands of other citizens, who either may have given the subject no thought whatever or may have acquired distorted ideas of the need for better health organization. Or, if you prefer, they are the salesmen who must sell public health to Ohio before January 1, 1920.

Without such missionary or selling efforts, the Hughes law will have to go into effect without the strong backing of public sentiment which, if built up immediately, will make the new machinery work much more smoothly in the beginning.

The new law is going to be of great benefit to the people of Ohio. But many of the very people whom it is to help do not so much as know that it exists—much less know that there is a need for it and that it is going to be of value to them as individuals. All that is needed to make them enthusiastic advocates of the new system is to present facts of deplorable health conditions such as have been published in the OHIO PUBLIC HEALTH JOURNAL during recent months.

If you are really in favor of better health protection for Ohio, you will not drop the fight now, when the battle is only half over. Don't miss any opportunity to bring to the attention of your fellow-citizens the new system and the good which it is going to accomplish. The State Department of Health will cheerfully furnish you any information at its disposal to help you in this important work.

* * *

Alliance Takes Step for Better Health Protection

The city of Alliance has taken a forward step in placing the position of health officer on a whole-time basis. Dr. Earl Musselman is the first incumbent of the office under the new plan. The salary of the position has been fixed at $2,400 per annum, of which $1,000 is to be paid by the board of education and $1,400 by the board of health. Dr. Musselman is also to serve as director of the new venereal disease clinic just established in Alliance.

Alliance is to be congratulated upon the progressive course which it has adopted. No one but a man who devotes all his time to the duties of his position can be an efficient city health officer, able to bring about real reductions in disease and death rates.

* * *

Canton Also Falls Into Line With Whole-Time Health Officer

Since the editorial regarding Alliance's adoption of the whole-time health officer plan was written, word has been received that Canton has taken similar action, the reorganization in that city to go into effect July 1.

Surely Stark County is to be congratulated upon having two such progressive cities within her borders. It is to be hoped, however, that the movement in which these cities are taking the lead is not to be confined to Stark County, and that municipalities all over Ohio will soon see the light of public health progress. Rumors indicate that full-time health officer proposals are receiving serious consideration in at least two other cities, and five other cities—Cleveland, Cincinnati, Dayton, Akron and Springfield—already have health officers serving on a full-time basis.

The new health district law, when it goes into effect next January, will make obligatory the employment of whole-time health officers in the districts which it establishes. The city, however, which really believes in protecting the health and lives of its citizens will not be willing to wait through the intervening months: it will take action now, as Alliance and Canton have done.

* * *

Civilians Must Take Up Venereal Disease Fight

What is your community doing for the control of venereal diseases? Do your people realize the great public responsibility which has been so clearly brought to light by the demobilization?

Five men in the national army contracted venereal diseases before enlistment for every one that contracted them after enlistment. In other words, the average community of the United States — the "home town" from which the average soldier came — permitted the existence of conditions which were five times as productive of venereal disease as those which formed the soldier's environment.

How many men from your town were found by army examiners to be venereally diseased upon entrance into the service? You may not be able to get the exact figures in answer to this question, but the physi-

cians who acted as your local draft examiners can give you a close approximation of the total.

Of 53,813 Ohio men who entered the army in 1917, says the most recent report of the Surgeon General of the army, 1,253 had gonorrhea, 239 had syphilis and 74 had chancroid. This total of 1,556 — three percent of all the Ohio enlistments that year — includes, it must be remembered, neither cases cured previous to entrance into the service nor cases so far advanced as to cause rejection of the sufferer. Ohio's percentage of venereally diseased recruits was about equal to the country-wide average.

During the war the government assumed a large share of the responsibilty for decreasing venereal disease prevalence in civilian communities. This was justifiable as a measure for increasing the physical fitness of the country's fighting men. As demobilization progresses, however, this responsibility falls back upon civil authorities. It is no longer the army's business to fight venereal disease in civil life.

Before the war, many communities could have pleaded ignorance as an excuse for neglecting the venereal disease menace in their midst. Now, however, there is no reason for such ignorance. Little effort is necessary to get accurate statistics upon the situation in your own town.

Any community which now permits venereal diseases to continue unnoticed and unchecked is doing so deliberately — is admitting that it lacks the public spirit needed to fight the greatest existing menace to the health of this and future generations.

* * *

New Edition of Sex Hygiene Literature Ready for Distribution For several weeks past calls for sex hygiene literature have been coming in to the State Department of Health so rapidly that the available supply of this material became exhausted before arrangements could be completed for putting out new editions of the various pamphlets. In consequence there has been more or less delay in filling many orders from public-spirited citizens who volunteered their services as distributors of educational literature in the campaign against venereal diseases, as well as from other persons who desired pamphlets for their individual use.

The delays which have occurred have been greatly regretted by the Department, and steps to correct the situation have been taken as rapidly as possible. The Department is now pleased to announce that adequate

supplies of literature are again available and that every effort will be made in future to foresee all demands.

Orders will be filled promptly, and all possible support will be given those persons who have expressed their willingness to co-operate with the Department in the educational work. The Department sincerely trusts that the unfortunate delay has not operated to dampen the ardor of those who have enlisted for this great service.

* * *

Low Child Mortality in City With Biggest Nursing Service

It would probably be difficult to prove beyond all possibility of doubt that Akron's admirable public health nursing service is responsible for the low child mortality rate achieved by Summit County in February and noted in the mortality table for that month published elsewhere in this magazine. We feel justified, however, in calling attention to these figures and suggesting their possible relation to the extensive nursing work which is being done in the Rubber City.

With its forty-three deaths of children under five years of age in February, Summit County was twenty below its record for the corresponding month of last year, and thirty-seven and twenty-three, respectively, below the monthly averages for 1917 and 1916. And this record, it will be noted, was in February, when in the State at large disease conditions were still abnormal as a result of the influenza epidemic, and was in a city whose population has been increasing at a tremendous rate in recent years.

The fact that this great reduction in child mortality was achieved in the city which is probably better equipped with nursing service than is any other in the State offers food for thought to many other municipalities. Even though we can not prove the connection between these two circumstances in this particular instance, the student of public health knows that the nurse is probably the greatest single factor in saving infant lives. The infant mortality records of Akron will be watched with much interest during the remainder of the year, to see if the promising start made in February is fittingly followed up.

In the meantime, other cities would do well to try a similar experiment on themselves. Equip your community with a reasonably adequate nursing service, and you are almost certain to lose fewer babies this year than last year. The new law, it should be remembered, authorizes any local board of health to employ one or more nurses.

What the New Tuberculosis Hospital Laws Mean

The three bills in regard to tuberculosis hospitals which were passed by the General Assembly may require a little explanation to make their import clear to readers of this magazine. Briefly summarized, these bills are:

(1) H. B. 383 (Mr. Crosser), authorizing a county holding membership in a tuberculosis hospital district to sell its interest to any other county in the district, with the approval of the State Department of Health, and withdraw from the district.

(2) H. B. 403 (Mr. Harter), authorizing a county holding membership in a hospital district to establish additional hospital facilities, dispensaries or nursing service at its own expense, with the approval of the State Department of Health, if the trustees of the district hospital fail to maintain adequate facilities of these classes for treatment of the county's tuberculosis patients.

(3) H. B. 404 (Mr. Gardner), authorizing the county commissioners of a county in which there is a municipal tuberculosis hospital to establish and operate a county hospital or to buy or lease the existing municipal hospital.

All these measures were drawn with a view to special cases. The Crosser and Harter acts are designed as possible means of settling difficulties in the administration of the Springfield Lake hospital district, comprising Summit, Stark, Columbiana, Mahoning and Portage counties. Summit County has been anxious to enlarge the district facilities but has been unable to obtain a majority vote of the joint board in favor of this project. The Harter bill will enable Summit County to act independently in this regard if it chooses to do so. On the other hand, Mahoning and Columbiana representatives in the district organization have for some time been dissatisfied with the conduct of the district's affairs and have maintained that Summit is getting greater benefits than their counties from the sanatorium. They backed the Crosser bill as a means of legalizing their withdrawal from the district, if they decide to withdraw. Both factions in the district have now obtained the legislation they desire, and it remains to be seen what further action will take place.

The Gardner bill was passed at the instance of Hamilton County representatives. Its backers desire to transform the Cincinnati sanator-

ium from a municipal to a county institution, and no authority to do so has existed previously.

None of these new laws should be interpreted as indicating any change in the general policy of tuberculosis hospital organization which was adopted with the passage of the district hospital law and the repeal of the county hospital law several years ago. The inter-county district remains as the unit for hospital organization in the State, and the State Department of Health is continuing without change its efforts to bring about the establishment of more sanatoria.

* * *

Recruits Are Needed for Nursing Forces It is becoming more and more apparent that public health progress in the years just ahead is to depend very largely upon the development of an adequate supply of public health nurses. The shortage of nurses is already interfering with the carrying out of many plans for health advancement, and unless an immediate remedy is applied the situation will grow worse.

Fortunately plans are already under way to increase the supply of nurses. The National Organization for Public Health Nursing is raising a scholarship fund, to enable nurses to obtain the specialized training in public health work which is necessary before entering this phase of the profession. Efforts are also being made to bring before young women the possibilities of the nursing profession as a vocation, and to influence women, especially those with college training, to enter nursing courses with a view to engaging in public health work.

Any person who aids in increasing the army of public health nurses is striking a blow for higher health standards among the public.

* * *

Mortality Rates of Ohio Counties and Cities in 1918 The 1918 death totals and rates for Ohio counties and certain Ohio cities presented in this number call for little or no comment. The heavy increase is of course due to the influenza epidemic during the closing months of the year. The figures are well worth study by persons interested in particular localities. Deaths by causes will be presented to the readers of the OHIO PUBLIC HEALTH JOURNAL as soon as they are made available by the Registrar of Vital Statistics.

Hughes Health District Bill Passed

Notes on Progress of Public Health Measures Before Ohio General Assembly

THE Hughes health district bill, House Bill No. 211, was finally passed by the General Assembly April 17, just before the houses recessed until May 5. As passed it differed only in minor respects from the form in which it was introduced, published in the February number of the OHIO PUBLIC HEALTH JOURNAL. The new law in its final form will be published later, after it has been printed by the Secretary of State. Governor Cox has signed the measure.

By an amendment inserted in the Senate before that body passed the bill April 16, and concurred in by the House April 17, it was provided that in the medical supervision of school children in accordance with the law, no medical or surgical treatment shall be administered to any minor school child except upon the written request of the parent or guardian of the child, and that any information regarding a diseased condition or defect found as a result of a medical school examination be communicated only to the parent or guardian of the child, and if in writing shall be in a sealed envelope addressed to such parent or guardian. An amendment inserted by the Senate committee makes it the duty of the district board of health to provide for medical and dental supervision of school children, instead of for medical supervision only as in the original bill.

The history of the Hughes bill, in brief, is as follows: Introduced in the House February 10, referred to public health committee February 11, reported favorably (with amendments) March 7, passed March 25 by vote of 80 to 14 (one affirmative and one negative vote added later); introduced in Senate March 26, referred to public health committee March 28, reported favorably (with amendment) April 14, amended and passed April 16 by a vote of 30 to 0, Senate amendments concurred in by House April 17. Remaining steps to be taken are formal enrollment of the bill, its approval by the Governor and his filing of the signed measure in the office of the Secretary of State. It will become a law three months after it is thus filed by the Governor. As the Governor has already expressed his informal approval of the bill, and urged such legislation in his inaugural address to the Assembly, there is believed to be no doubt that he will sign the bill.

The new local health machinery provided by the Hughes bill is to go into operation, according to the terms of the measure, January 1, 1920. The coming summer will be a period of preparation for the installation of the new system.

Bense Act Restored.

By the passage of the Ritter bill, Senate Bill No. 127, the Assembly restored the Bense act, providing for correction of stream pollution or impure water supply upon order

of the State Department of Health, to practically its original form, wiping out amendments by which the previous General Assembly had so weakened the authority of the Department as to make it difficult to enforce its orders where municipalities concerned were disposed to resist. By the amendments added at this session, it is provided that a bond issue to carry out an order of the State Department of Health under the act, which issue shall not exceed three per cent of the total value of all property in the municipality, shall not be required to be submitted to popular vote. Appeal from a decision of the State Department of Health is provided for — first to a board of referees and finally to the Supreme Court. The referees are to be sanitary engineers, one to be chosen by the State Department of Health but not to be an employee of the Department and the other to be chosen by the other party; these two referees are to choose a third if they disagree and the majority of the board of three is to decide the case. Appeal may be taken from the decision either of the Department or of a board of referees on a petition of error to the Supreme Court, but it is provided that no other court shall interfere with the carrying out of an order under the act. Orders for the correction of insanitary conditions are to be issued by the State Commissioner of Health after a hearing of the case and a decision to that effect by the Public Health Council. The former requirement that such orders be approved by the Governor and the Attorney General has been dropped from the new law.

Laws Enacted and Signed

Laws which had been passed by both Houses and signed by the Governor prior to the recess included the following measures of interest to the public health worker (see February and March OHIO PUBLIC HEALTH JOURNAL for discussion of several of these):

Senate Bill No. 15 (Mr. Kryder), relative to classification and inspection of hospitals. House Joint Resolution No. 13, printed in the February OHIO PUBLIC HEALTH JOURNAL, directs the State Department of Health to make a survey of the hospital facilities of the State.

House Bill No. 21 (Mr. Hughes), authorizing employment of public health nurses by local boards of health (printed in March OHIO PUBLIC HEALTH JOURNAL).

House Bill No. 27 (Mr. King), requiring coal mine operators to maintain washrooms for employees.

House Bill No. 65 (Mr. Comings), relating to contracts between county commissioners and charitable hospitals.

House Bill No. 176 (Mr. Talley), relating to illegal practice of medicine and surgery.

House Bill No. 214 (Mr. Donahay), authorizing the administration of an anaesthetic by a registered nurse under the direction of a physician.

Bills Awaiting Signature

Bills passed but not yet signed by the Governor up to the time of the recess included (see February and March OHIO PUBLIC HEALTH JOURNAL for outlines of several of these measures):

Senate Bill No. 14 (Mr. Sparks), the hotel inspection and licensing bill.

Senate Bill No. 77 (Mr. Jones, of Franklin), granting osteopathic physicians an examination in surgery by the State Medical Board.

Senate Bill No. 121 (Mr. Berry, by request), providing a seal for the State Department of Health.

Senate Bill No. 124 (Mr. Norris), providing for the calling of an annual "Ohio welfare conference" by the Board of State Charities.

House Bill No. 99, providing for the licensing by the Secretary of Agriculture of establishments for the disposal of the bodies of dead animals, after inspection by the State Veterinarian and certification by that official that the establishment meets specifications laid down in the bill.

House Bill No. 145 (Mr. Cable), making slight changes in the law regarding registration of nurses.

House Bill No. 158 (Mr. Comings), providing for medical and surgical treatment of crippled children at public expense.

House Bill No. 174 (Mr. Smith), requiring the heating of electric car vestibules for the protection of motormen and conductors.

House Bill No. 225 (Mr. Scott), amending the law in regard to misbranding of food, drink, flavoring extracts, confectionery and condiments.

House Bill No. 240 (Mr. Matthews), establishing a state board of optometry to regulate the practice of optometry.

House Bills No. 280 (Mr. Evans) and No. 281 (Mr. Evans), relating to county sewer districts.

House Bill No. 285 (Mr. Jones, of Trumbull), relating to institutions caring for children.

House Bill No. 305 (Mr. Chester), relating to the erection and maintenance of county hospitals.

House Bill No. 313 (Mr. Harter), providing for sale or lease of public waters of the State.

House Bill No. 314 (Mr. Helfrich), authorizing the registration of births and deaths of Ohioans occurring outside the State.

House Bill No. 346 (Mr. Swedersky), prohibiting the use of salamanders in enclosures where persons work.

House Bill No. 383 (Mr. Crosser), authorizing a county holding membership in a tuberculosis hospital district to sell its interest to another county in the district, subject to the approval of the State Department of Health.

House Bill No. 398 (Mr. Federman), to regulate the manufacture and sale of soft drinks in bottles.

House Bill No. 403 (Mr. Harter), permitting a county holding membership in a tuberculosis hospital district to provide local care for tuberculosis patients at its own expense if the hospital fails to provide adequate facilities for such care.

House Bill No. 404 (Mr. Gardner), authorizing a county in which a municipal tuberculosis hospital is located to buy or lease the municipal hospital or to establish and operate a county tuberculosis hospital.

House Bill No. 424 (Mr. Dunspaugh), extending the provisions of the Workmen's Compensation law so as to make it apply to all employers of one or more persons.

House Bill No. 490 (Mr. Drury), providing for the inspection, license and sanitary regulation of commercial canneries and for the publication of the reports of the same.

Legislation Still Pending

Among measures still pending at the time of the recess, which may receive further action after the resumption of the session May 5, may be mentioned the following (see also February and March OHIO PUBLIC HEALTH JOURNAL):

Senate Bill No. 66 (Mr. Davis), establishing sanitary districts. Passed by the Senate; reported without recommendation by House public health committee; on House calendar for third reading and vote May 6 at 2:30 o'clock.

Senate Bill No. 71 (Mr. Whittemore), supplementing the present law in regard to the employment of minors at street trades. Substitute bill recommended by Senate labor committee; bill recommitted to that committee.

Senate Bill No. 147 (Mr. Snyder, by request), relating to the manufacture and sale of condensed and evaporated milk. In public health committee of Senate.

Senate Bill No. 156 (Mr. Ake), forbidding the employment of a woman under twenty-one on a street car, as an elevator operator (except in certain specified cases) or as a messenger, as well as at any occupation (as at present) which compels her to remain standing

constantly while on duty. Passed by Senate; in labor committee of House.

Senate Bill No. 157 (Mr. Ake), forbidding the employment of women in lead industries or in other occupations which the State Department of Health, after investigation, may declare injurious to the health of women. In public works committee of Senate.

Senate Bill No. 167 (Mr. Ritter), establishing a minimum of five dollars and a maximum of twenty-five dollars as the weekly amount to be paid for the support of a patient at the Ohio State Tuberculosis Sanatorium, the amount to be proportionate to the patient's financial condition, and, if his payment be less than the minimum, the deficiency to be made up by the county of which he is a resident. Reported favorably by finance committee of Senate.

House Bill No. 31 (Mr. Cable), providing for public comfort stations in municipalities. Passed by House; in Senate committee on villages since February 27.

House Bill No. 42 (Mr. Carson), providing for a hospital for victims of industrial injuries. In House mines and mining committee since January 20.

House Bill No. 107 (Mr. Smith), relating to licenses of cold storage warehouses. Passed by House; in manufactures and commerce committee of Senate.

House Bill No. 142 (Mr. Lonz), for medical examination of food handlers. In public health committee of House since January 31. (The passage of the health district bill makes this bill unnecessary, as the district board of health is charged with the duty of making such examinations.)

House Bill No. 173 (Mr. Lustig), relating to certain occupations for women. In labor committee of House since February 5.

House Bill No. 175 (Mr. Greve), prohibiting the employment of women in any manufacturing establishment, except canneries during the busy season, where one or more persons are employed before six o'clock in the morning or after eleven o'clock at night on any day of the week. Passed by House; on Senate calendar for action after the recess.

House Bill No. 227 (Mr. Gordon of Brown), requiring cars, waiting rooms and other equipment of railroads to be kept in a clean and sanitary condition. Passed by House; in public utilities committee of Senate (motion to refer to public health committee of Senate was lost).

House Bill No. 233 (Mr. Wenner), relating to health supervision in the public schools. In public health committee of House since February 17.

House Bill No. 243 (Mr. Kay), requiring the maintenance of drinking water and toilet accommodations at fair grounds and amusement parks. Passed by House; in county affairs committee of Senate.

House Bill No. 252 (Mr. Delehanty), to prevent the adulteration of ice cream. In dairy and food products committee of House since February 20.

House Bill No. 282 (Mr. Dunspaugh), changing from fifty-four hours a week and ten hours a day to fifty hours a week and nine hours a day, the maximum for hours of labor of girls under twenty-one in establishments enumerated in Section 12993, General Code. Reported favorably by House labor committee.

House Bill No. 350 (Mr. Gorrell), supplementing the statutes for the suppression of prostitution. Passed by House; in public health committee of Senate.

House Bill No. 353 (Mr. Helfrich), providing for one-year training courses for attendant nurses. In public health committee of House.

House Bill No. 361 (Mr. Dunspaugh), providing for old age pensions. Reported favorably by House labor committee.

House Bill No. 362 (Mr. Dunspaugh, amending and supplementing existing laws with regard to prohibiting the employment of women in certain occupations. Passage as amended recommended by labor committee of House.

House Bill No. 371 (Mr. Robins), relating to the adoption of children. Passage as amended recommended by judiciary committee of House.

House Bill No. 374 (Mr. Cowan), for the sterilization of defectives. In public health committee of House.

House Bill No. 381 (Mr. Pearson), to require physical education and health supervision in the schools. In common schools committee of House.

House Bill No. 412 (Mr. Helfrich), providing for the licensing and registration of attendant nurses. In public health committee of House.

House Bill No. 416 (Mr. Carpenter), increasing the maximum death benefit under the workmen's compensation law

to six thousand dollars. Passed by House; awaiting second reading in Senate.

House Bill No. 426 (Mr. Luchsinger), relating to the manufacture and sale of condensed and evaporated milk. In dairy and food products committee of the House.

House Bill No. 427 (Mr. Kay), amending the law for regulation of the manufacture and sale of mattresses. In public health committee of the House.

House Bill No. 441 (Mr. Wenner), extending the benefits of the workmen's compensation law to include certain occupational diseases. Passage, as amended, recommended by House labor committee.

House Bill No. 447 (Mr. Robinson), to regulate the manufacture of milk made from milk powder. Reported favorably March 27.

House Bill No. 450 (Mr. Hughes), providing a penalty for physicians failing to report occupational diseases in accordance with existing law. Amended and reported favorably by House public health committee; on calendar for third reading May 6 at 3:30 o'clock.

House Bill No. 465 (Mr. Matthews), providing for a survey of the State's water resources by the Department of Public Works. Passed by House; awaiting second reading in Senate.

House Bill No. 480 (Mr. James A. Reynolds), establishing a minimum wage commission to determine minimum wages for women and minors. In labor committee of House.

House Bill No. 517 (Mr. Myers), establishing a system of health insurance for employes and dependent members of their families. In House public health committee.

House Bill No. 534 (Mr. Evans), establishing a state building code. Introduced on evening of last day prior to recess and awaiting second reading.

House Joint Resolution No. 24 (Mr. Bond), providing for the appointment by the Governor of a commission to investigate and report upon housing conditions at coal mines. In mines and mining committee of House since February 17.

Kryder Bill Lost.

The Kryder chemical closet bill, Senate Bill No. 2, was definitely added to the list of bills defeated when a motion to reconsider the indefinite postponement of the measure in the House was voted down.

TUBERCULOSIS HOSPITAL FACILITIES INADEQUATE

Tuberculosis sufferers have been neglected by many Ohio communities in extension of hospital facilities. From the standpoint of its relative importance as a cause of sickness, tuberculosis is receiving far less attention in the hospitals of the State than are other diseases. Approximately 1,500 — six percent — of the state's 25,000 hospital beds are available to tuberculosis patients. The remainder are in general hospitals from which tuberculosis victims are excluded. To give adequate care to tuberculosis sufferers, twenty percent of our bed capacity should be in tuberculosis hospitals.

This twenty percent estimate is based upon the following figures:

Three hundred thousand Ohioans annually undergo sickness which should receive hospital care. Of these, 10,000, or one in thirty, have tuberculosis. (This is only about one-fifth of all active tuberculosis cases.) Since in the general hospital the average patient stays less than a month, each bed in such hospitals can accommodate twelve to fourteen patients a year. The tuberculosis hospital bed accommodates only two patients, staying six months each, per year. With one-thirtieth as many patients as the general hospitals, therefore, the tuberculosis hospitals need one-fifth as many beds to do equally efficient work.

They now have only one-sixteenth as many beds and consequently can achieve only one-third efficiency.

1918 Death and Birth Statistics for Ohio

Tables Based Upon Figures Compiled by the Bureau of Vital Statistics, J. E. Monger, M. D., State Registrar.

DEATH and birth statistics for 1918 for the State, its counties and certain of its cities for which figures have been compiled to date by the Bureau of Vital Statistics are presented in the accompanying tables. Corresponding figures for 1917 are presented for the sake of comparison. The rates given are based upon the population estimates of the Federal Census Bureau, which are admittedly far from the correct totals in a number of cities and counties which have registered abnormal increases in population in recent years. For this reason the rates should not be over-emphasized in making comparisons between different localities. Not until the new census is taken next year will it be possible to adjust birth and death rates of many communities to a point of approximate correctness.

DEATHS AND DEATH RATES PER 1,000 POPULATION FROM ALL CAUSES, OHIO COUNTIES, 1918 AND 1917.

County	Number Deaths, 1918	Number Deaths, 1917	Death Rate, 1918	Death Rate, 1917
Total	94,018	76,893	17.9	14.8
Adams	309	279	12.4	11.3
Allen	1,059	919	16.9	14.6
Ashland	337	305	13.8	12.6
Ashtabula	994	943	14.9	14.4
Athens	880	705	15.8	13.0
Auglaize	315	315	10.1	10.1
Belmont	1,501	1,254	16.5	14.2
Brown	293	328	11.7	13.2
Butler	1,472	1,112	17.7	13.9
Carroll	214	170	13.5	10.8
Champaign	392	359	14.9	13.8
Clark	1,360	1,133	19.0	15.8
Clermont	484	381	16.5	12.9
Clinton	389	292	16.3	12.3
Columbiana	1,452	1,182	17.4	14.3
Coshocton	420	322	13.4	10.5
Crawford	512	494	14.8	14.5
Cuyahoga	14,807	12,153	14.8	15.5
Darke	586	503	13.5	11.6
Defiance	331	291	13.6	11.9
Delaware	375	381	13.5	13.7
Erie	727	740	18.9	19.1
Fairfield	519	490	11.9	11.4
Fayette	338	294	15.5	13.5
Franklin	4,943	4,060	19.8	15.4
Fulton	305	284	12.2	11.5

DEATHS AND DEATH RATES PER 1,000 POPULATION FROM ALL CAUSES, OHIO COUNTIES, 1918 AND 1917 — Continued.

County	Number Deaths, 1918	Number Deaths, 1917	Death Rate, 1918	Death Rate, 1917
Gallia	605	423	23.6	16.4
Geauga	224	184	15.2	12.5
Greene	576	440	19.6	14.8
Guernsey	674	493	13.5	10.1
Hamilton	9,812	7,728	19.6	15.5
Hancock	507	420	13.2	11.1
Hardin	439	401	14.5	13.2
Harrison	298	256	15.5	13.4
Henry	259	248	10.4	9.9
Highland	377	391	13.2	13.6
Hocking	424	281	17.8	11.9
Holmes	208	221	11.6	12.3
Huron	576	482	16.1	13.5
Jackson	466	422	15.4	13.7
Jefferson	1,501	1,063	18.0	13.2
Knox	489	365	15.2	11.4
Lake	425	357	17.9	15.0
Lawrence	806	631	20.2	16.0
Licking	923	759	14.8	12.3
Logan	379	368	12.5	12.2
Lorain	1,457	1,021	16.0	11.2
Lucas	4,432	3,879	17.7	17.5
Madison	300	214	15.0	10.8
Mahoning	3,740	2,731	22.4	18.2
Marion	605	551	15.7	14.6
Medina	368	328	14.7	13.2
Meigs	418	381	16.3	14.9
Mercer	334	307	12.0	11.1
Miami	734	679	15.4	14.6
Monroe	262	231	10.7	9.5
Montgomery	3,785	3,227	18.9	17.1
Morgan	219	258	13.6	16.0
Morrow	178	195	10.7	11.6
Muskingum	1,038	876	16.6	14.4
Noble	263	240	14.2	12.9
Ottawa	319	288	14.4	12.8
Paulding	229	183	10.1	8.1
Perry	490	367	12.7	9.7
Pickaway	422	359	16.0	13.7
Pike	223	196	14.3	12.5
Portage	523	473	16.7	15.2
Preble	276	277	11.6	11.6
Putnam	382	303	12.6	10.1
Richland	776	671	15.5	13.4
Ross	1,975	598	49.4	14.9
Sandusky	528	399	14.8	11.1
Scioto	1,274	883	22.9	16.4
Seneca	705	633	16.2	14.6
Shelby	346	296	14.2	12.0
Stark	2,867	2,277	20.1	15.9
Summit	3,492	3,070	24.4	22.8
Trumbull	1,303	969	22.2	16.9
Tuscarawas	938	676	15.9	11.4

DEATHS AND DEATH RATES PER 1,000 POPULATION FROM ALL CAUSES, OHIO COUNTIES, 1918 AND 1917—Concluded.

County	Number Deaths, 1918	Number Deaths, 1917	Death Rate, 1918	Death Rate, 1917
Union	272	286	12.5	13.1
Van Wert	328	264	11.2	9.1
Vinton	208	171	15.8	13.1
Warren	395	352	16.2	14.4
Washington	575	538	12.7	11.8
Wayne	602	518	15.7	13.6
Williams	319	299	12.4	11.8
Wood	597	567	13.1	12.2
Wyandot	239	240	11.5	11.6

DEATHS AND DEATH RATES PER 1,000 POPULATION FROM ALL CAUSES, IN LISTED OHIO CITIES, 1918 AND 1917.

County	Number Deaths, 1918	Number Deaths, 1917	Death Rate, 1918	Death Rate, 1917
Total	51,529	41,794	19.6	16.3
Akron	2,425	2,138	26.7	24.2
Alliance	388	305	19.4	15.6
Ashtabula	306	316	13.8	14.3
Bellaire	328	267	20.7	17.6
Cambridge	245	173	17.4	12.7
Canton	1,264	1,002	19.0	15.5
Chillicothe	322	251	20.3	16.1
Cincinnati	8,628	6,833	17.3	16.5
Cleveland	13,124	10,831	13.1	15.5
Columbus	4,263	3,390	17.1	15.2
Dayton	2,579	2,051	18.1	14.7
East Liverpool	453	395	19.5	17.0
Elyria	322	272	16.1	14.1
Findlay	275	213	18.4	14.3
Hamilton	710	515	15.6	11.8
Ironton	344	272	24.1	19.3
Lakewood	409	286	24.9	17.6
Lancaster	201	202	12.3	12.6
Lima	672	544	20.1	16.7
Lorain	677	384	16.9	10.0
Mansfield	431	338	18.5	15.3
Marietta	234	195	18.0	15.1
Marion	394	344	15.8	15.0
Massillon	260	214	16.6	14.0
Middletown	410	270	25.0	16.8
Newark	525	388	16.8	12.6
Norwood	231	179	9.5	7.7
Piqua	264	253	18.2	17.7
Portsmouth	658	504	23.0	18.3
Sandusky	365	346	17.9	17.1
Springfield	1,014	859	19.3	16.1

DEATHS AND DEATH RATES PER 1,000 POPULATION FROM ALL CAUSES, IN LISTED OHIO CITIES, 1918 AND 1917 — Concluded.

County	Number Deaths, 1918	Number Deaths, 1917	Death Rate, 1918	Death Rate, 1917
Steubenville	665	535	23.3	18.9
Tiffin	259	218	20.5	17.4
Toledo	4,039	3,580	20.2	19.0
Warren	445	286	32.9	22.1
Youngstown	2,787	2,133	25.1	20.5
Zanesville	613	512	19.0	16.4

NUMBER OF BIRTHS, WITH BIRTH RATES PER 1,000 POPULATION, IN OHIO COUNTIES, 1918 AND 1917.

County	Number Births, 1918	Number Births, 1917	Rate, 1918	Rate, 1917
Total	122,996	121,807	23.4	23.4
Adams	401	496	16.0	19.8
Allen	1,593	1,514	25.5	24.1
Ashland	478	476	19.6	19.6
Ashtabula	1,367	1,347	20.5	20.6
Athens	1,204	1,143	21.7	21.0
Auglaize	618	599	19.8	19.1
Belmont	2,260	2,304	24.9	26.0
Brown	411	380	16.4	15.3
Butler	1,952	1,881	23.4	23.5
Carroll	282	263	17.8	16.7
Champaign	443	443	16.3	17.0
Clark	1,645	1,620	23.0	22.3
Clermont	499	475	17.0	16.1
Clinton	384	389	16.1	16.4
Columbiana	1,910	1,943	22.9	23.6
Coshocton	581	631	18.6	20.6
Crawford	696	706	20.2	20.7
Cuyahoga	22,237	22,346	22.2	28.6
Darke	955	939	22.0	21.7
Defiance	398	520	16.3	21.2
Delaware	434	490	15.6	17.7
Erie	724	726	18.8	18.7
Fairfield	848	821	19.5	19.2
Fayette	426	399	19.6	18.3
Franklin	5,303	5,282	21.2	20.1
Fulton	508	534	20.3	21.6
Gallia	423	428	16.5	16.6
Geauga	268	272	18.2	18.5
Greene	554	567	18.8	19.1
Guernsey	946	947	18.9	19.4
Hamilton	9,374	9,397	18.7	18.9
Hancock	757	726	19.7	19.2
Hardin	562	608	18.5	20.0
Harrison	311	317	16.2	16.6

NUMBER OF BIRTHS, WITH BIRTH RATES PER 1,000 POPULATION, IN OHIO COUNTIES, 1918 AND 1917.—Concluded.

County	Number Births, 1918	Number Births, 1917	Rate, 1918	Rate, 1917
Henry	546	537	21.8	21.4
Highland	496	514	17.4	17.9
Hocking	549	495	23.1	20.9
Holmes	402	378	23.5	21.1
Huron	654	638	18.3	17.9
Jackson	679	646	22.4	21.0
Jefferson	1,495	1,651	17.9	20.4
Knox	570	568	17.7	17.8
Lake	466	391	19.6	16.4
Lawrence	893	847	22.3	21.4
Licking	1,001	1,049	16.0	17.0
Logan	535	599	17.7	19.9
Lorain	2,017	2,006	22.2	21.9
Lucas	6,190	6,371	24.8	28.8
Madison	371	423	18.6	21.3
Mahoning	5,602	4,688	33.6	31.3
Marion	791	807	20.6	21.3
Medina	497	526	19.9	21.2
Meigs	543	508	21.2	19.8
Mercer	658	645	23.7	23.4
Miami	1,018	995	21.4	21.4
Monroe	476	435	19.5	18.0
Montgomery	4,150	4,257	20.8	22.6
Morgan	272	275	16.9	17.1
Morrow	279	310	16.7	18.4
Muskingum	1,157	1,117	18.5	18.4
Noble	329	350	17.8	18.8
Ottawa	448	511	20.2	22.7
Paulding	379	500	16.7	22.0
Perry	895	854	23.3	22.5
Pickaway	548	587	20.8	22.4
Pike	298	330	19.1	21.0
Portage	691	626	22.1	20.1
Preble	378	453	15.9	18.9
Putnam	688	697	22.7	23.3
Richland	1,082	1,005	21.6	20.0
Ross	951	854	23.8	21.3
Sandusky	757	734	21.2	20.5
Scioto	1,455	1,480	26.2	27.4
Seneca	951	894	21.9	20.6
Shelby	580	586	23.8	23.7
Stark	3,942	3,680	27.6	25.6
Summit	6,178	6,069	43.2	42.5
Trumbull	1,649	1,498	28.0	26.2
Tuscarawas	1,453	1,386	24.7	23.3
Union	350	356	16.1	16.3
Van Wert	530	515	18.0	17.9
Vinton	304	282	23.1	21.5
Warren	479	487	19.6	19.9
Washington	911	855	20.0	18.8
Wayne	812	794	21.1	20.6
Williams	525	506	20.5	19.9
Wood	980	932	21.6	20.2
Wyandot	394	381	18.9	18.4

NUMBER OF BIRTHS, WITH BIRTH RATES PER 1,000 POPULATION, IN LISTED OHIO CITIES, 1918 AND 1917.

City	Number Births, 1918	Number Births, 1917	Rate, 1918	Rate, 1917
Total	68,189	67,252	25.9	26.2
Akron	4,590	4,549	50.5	51.5
Alliance	516	486	25.8	24.9
Ashtabula	555	571	25.0	25.8
Bellaire	388	426	24.4	28.1
Cambridge	321	330	22.8	24.3
Canton	1,988	1,900	29.8	29.5
Chillicothe	386	330	24.3	21.1
Cincinnati	7,856	7,872	15.7	19.0
Cleveland	20,329	20,417	20.3	29.2
Columbus	4,454	4,417	17.8	19.9
Dayton	3,223	3,323	22.6	23.8
East Liverpool	474	512	20.4	22.0
Elyria	503	382	20.2	19.9
Findlay	318	298	21.3	20.1
Hamilton	880	916	19.4	21.0
Ironton	331	271	23.2	19.2
Lakewood	761	664	46.4	40.8
Lancaster	320	300	19.5	18.7
Lima	994	892	29.8	27.4
Lorain	963	1,060	24.1	27.7
Mansfield	590	504	25.4	22.9
Marietta	295	281	22.7	21.7
Marion	560	593	22.4	25.9
Massillon	428	337	27.4	22.0
Middletown	684	620	41.7	38.7
Newark	512	566	16.4	18.4
Norwood	307	342	12.6	14.7
Piqua	330	318	22.8	22.3
Portsmouth	765	779	26.8	28.3
Sandusky	477	454	23.4	22.4
Springfield	1,275	1,284	24.2	24.1
Steubenville	596	658	20.9	23.3
Tiffin	283	287	22.4	22.9
Toledo	5,484	5,707	27.4	30.4
Warren	691	505	51.1	39.0
Youngstown	4,119	3,472	37.1	33.4
Zanesville	643	629	19.9	20.1

Ohio's Child Mortality Shows Decrease

CHILD mortality is again on the decrease in Ohio, following the sharp rise incident to the influenza epidemic during the closing months of 1918, recently compiled statistics for January and February, 1919, indicate. January showed a sharp drop as compared with December and February showed a still further decrease to a point not much above that reached in February of last year.

The appended table based on reports to the State Registrar of Vital Statistics, gives the county totals for January and February, with the corresponding figures for last year and the monthly averages for 1916 and 1917:

DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, OHIO COUNTIES, JANUARY AND FEBRUARY, 1918 AND 1919, WITH MONTHLY AVERAGES FOR 1917 AND 1916.

County	January		February		Average Month	
	1919	1918	1919	1918	1917	1916
Total	1,375	1,237	1,282	1,204	1,281	1,284
Adams	8	2	6	7	4	5
Allen	18	20	12	10	13	14
Ashland	3	2	0	4	2	4
Ashtabula	12	10	17	11	12	14
Athens	21	17	9	12	11	12
Auglaize	6	1	5	3	4	5
Belmont	30	27	27	22	31	34
Brown	3	4	6	4	3	4
Butler	13	25	32	27	22	22
Carroll	4	5	3	0	1	2
Champaign	1	3	4	7	4	4
Clark	20	9	15	19	15	15
Clermont	7	5	3	6	3	5
Clinton	4	3	4	5	3	3
Columbiana	15	17	29	15	21	21
Coshocton	10	6	0	3	3	6
Crawford	10	4	5	4	7	5
Cuyahoga	310	265	259	215	274	248
Darke	10	7	10	7	6	7
Defiance	6	3	9	3	4	4
Delaware	5	4	3	3	3	5
Erie	6	5	2	8	6	4
Fairfield	4	11	11	8	7	6
Fayette	5	9	6	4	6	4
Franklin	40	57	46	51	52	51
Fulton	7	2	0	4	4	4
Gallia	4	2	2	1	3	5
Geauga	2	2	1	3	2	2
Greene	6	5	9	3	5	6
Guernsey	15	9	15	11	10	10
Hamilton	75	106	114	117	91	101
Hancock	3	5	7	5	5	7
Hardin	14	3	2	3	5	8
Harrison	2	1	2	3	2	3
Henry	5	2	3	5	3	3
Highland	7	3	9	8	4	4
Hocking	7	3	5	3	5	6
Holmes	1	4	3	5	4	3
Huron	4	3	4	2	5	5
Jackson	7	7	11	11	10	7
Jefferson	26	35	20	27	25	31

DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, OHIO COUNTIES, JANUARY AND FEBRUARY, 1918 AND 1919, WITH MONTHLY AVERAGES FOR 1917 AND 1916 — Concluded.

County	January		February		Average Month	
	1919	1918	1919	1918	1917	1916
Knox	3	11	2	2	3	5
Lake	7	5	5	3	4	5
Lawrence	18	6	19	15	9	13
Licking	14	8	7	7	14	10
Logan	1	6	3	4	4	4
Lorain	25	18	25	22	21	25
Lucas	49	59	50	58	66	75
Madison	3	3	4	2	3	4
Mahoning	75	66	83	65	79	72
Marion	14	5	12	10	8	8
Medina	2	7	4	2	3	4
Meigs	4	3	6	8	4	4
Mercer	4	5	7	7	5	5
Miami	6	11	9	10	9	6
Monroe	2	2	4	1	4	3
Montgomery	41	39	41	39	40	41
Morgan	2	1	1	3	2	2
Morrow	1	1	3	2	2	2
Muskingum	6	8	15	10	10	11
Noble	7	5	1	4	4	6
Ottawa	3	5	2	5	4	4
Paulding	0	2	3	5	2	4
Perry	5	4	4	4	8	7
Pickaway	4	4	10	4	5	6
Pike	2	2	5	6	3	4
Portage	11	4	9	5	6	6
Preble	4	3	5	3	4	2
Putnam	8	8	10	8	5	5
Richland	6	9	4	7	9	9
Ross	16	7	12	8	8	9
Sandusky	8	3	5	7	4	6
Scioto	21	19	22	38	24	21
Seneca	4	7	7	6	8	6
Shelby	4	4	3	8	4	6
Stark	53	47	42	25	38	35
Summit	93	61	43	63	80	66
Trumbull	24	12	21	11	18	19
Tuscarawas	24	16	7	8	11	12
Union	2	4	1	2	3	4
Van Wert	4	3	2	2	3	4
Vinton	3	1	0	3	3	3
Warren	3	3	9	4	4	4
Washington	9	5	6	5	6	8
Wayne	7	4	6	7	6	6
Williams	3	4	7	1	3	3
Wood	10	10	6	12	10	9
Wyandot	4	4	0	4	2	2

The School Nurse*

By Helena R. Stewart, Ph. B., R. N., Director of Public Health Nursing Service, Ohio State Department of Health

THE government of the United States has not in years past been concerning itself with the direction and supervision of individuals as much as has been done in some of the other great nations. Our one notable exception in this regard has been the public school. Our compulsory education laws decree that all children must go to school, so that going to school has become not only the normal but the required occupation of all children for a considerable number of years, and these in some ways the most important years of their lives.

If our compulsory education laws are carried out, a very large per cent of our little citizens will inevitably come under the direct observation and largely under the control of teachers, school physicians, dentists and school nurses. These duly appointed representatives of organized society have a tremendous responsibility in making the best mentally and physically of these children in their care. A system which gathers in the rich and the poor, the bright and the dull, the healthy and the sick, presents many complications. The school nurses have done much to disabuse the public mind of its old habit of associating visiting nursing and charity and to impress upon it the new idea of public health nursing which may well include all classes of people.

School nursing, like all other branches of nursing, is not a work by itself but a very necessary complement to the work of others. When the school nurse finds a child mentally sick she refers him to the psychologist, when she finds a child with defective vision she takes him to the eye specialist. She cannot fill the children's teeth and so the skill of the dentist is called for. If she notices a child with symptoms suggestive of tuberculosis she must have the physician's diagnosis and his backing for her work of health education in the home and in the school.

The results of school nursing as tabulated in New York are somewhat indicative of those found in other large cities. In October, 1902, the first nurse was placed on the New York city payroll. Since 1897 physicians had been employed to examine the school children for communicable diseases and to send out of the classroom all those who showed suspicious symptoms. Thousands of children were sent out of the schools because of infectious eye and skin troubles, but after school hours they played with the same children for whose protection they had been excluded from the class rooms. Few received treatment, and where medical inspection was most thorough the classrooms were depleted, so that examination by physicians with the object of excluding chil-

* Read before the Central Philanthropic Council, Columbus, March 18, 1919.

dren had proved a doubtful blessing. At this time Miss Lillian D. Wald of the Henry Street Settlement offered to show that with the assistance of her nurses few children need lose their valuable school time and that it would be possible to bring under treatment those who needed it. She exacted a promise from several of the city officials that if a nurse placed in the schools as an experiment were successful, they would use their influence to have the nurse, like the doctor, paid from the public funds. The equipment of the nurse from the Settlement consisted of her bag, brought from the dispensary, and, in some of the schools, merely the ledge of a window and a corner of a room. From this beginning was inaugurated the present system of thorough medical inspection and home visitation for the schools of New York City.

In 1903, of all the written instructions sent to the homes by the medical inspectors, only six percent were carried into effect, whereas eighty-four percent became effective some years later, under the direction of nurses, who interpreted the physicians' directions to the mothers and taught them to give the treatments. In 1903 there were 57,000 exclusions for minor eye and skin affections, while after the introduction of school nurses the number was reduced to 4,000. The medical inspectors themselves were the first to say that their work without the nursing service was futile.

An English school physician wrote of his work as follows: "When I first commenced my duties as school medical inspector at Wimbledon, it was impossible not to feel exceedingly depressed and hopeless with the work. As a doctor, I felt quite stranded in the strange atmosphere of an elementary school, coming into contact not so much with actual illness as with the primary conditions which produce or foster it; dirt, neglect, improper feeding, malnutrition, insufficient clothing, suppurating ears, defective sight, verminous conditions, the impossibility of getting adequate information from the children or a knowledge of their home conditions, and nobody to whom one could give directions or who could aid in examining the children. The only means of approaching the parents was to send an official notice that such or such a condition required treatment, and it was impossible, besides being outside my duties, to carry on any treatment at the schools. My duties began and ended with endless notifications, and there it all stopped as very little notice was taken of them."

As an extreme contrast to the development of school nursing in a large city, here in our own State the Ohio Society for the Prevention of Tuberculosis is employing a nurse to demonstrate public health nursing in the rural schools. She has just spent two months in one county and perhaps the following letters will give you some idea of whether or not this first experiment has been successful. Neither letter was intended for public reading, but I think that neither of the writers would object to my reading them here.

L....., February 14, 1919.

My Dear Miss Stewart:

I wish you could have been with me this last week. I have had the most interesting time, and I have so much to tell you that I don't know where to start. I have been working in L——— Town-

ship with Professor M———, who is the Principal of L—— Central School. I have had the District Superintendent all day today and have superficially examined thirty children of the second, third and fourth grades. Every day, word is received from some of the mothers asking me to examine their children. Is that not worth while? Everyone has been so interested, and they are so anxious to get a nurse, and would like one right away. We have had tooth brush drills, handkerchief drills, and every day we hold a clinic. The first clinic was in the first grade in the high school. Teacher and pupils were all very much interested and asked me loads of questions.

I find the cards you sent so helpful in my clinic work. Today I had the seventh and eighth grades for clinic, and the children are already working on an essay on "Health Education." The health crusade work is started but not in time for the tournament, although I am sure that it will bear good results.

I am staying with some people who have two school children. We start out for the day and we have to take our lunch — in fact they all do, living so far apart and away from the school. Some of the children have to get up at five a. m. in order to get to school and get home about seven p. m. It doesn't give them much time to get in the eleven hours of sleep which the "Health Chore" card asks for. I had to make it "nine hours" on the card.

I inspected lunches yesterday and gave a few suggestions. Next week they are going to start the hot lunches, for an extension worker from the home economics department of the Ohio State University comes Monday to talk to them about it. We accomplished that much.

They have a nice schoolhouse in L—— Township — well built and well ventilated. The only fault is that there is no running water in the building, but the board has considered this deficiency and has decided to put the water in.

I can't help feeling that my week in this township has had results which are already showing. I can't say too much about the children. I love them all. They are so responsive, and I wish you could be around some time and hear them talk to me and ask questions.

Thursday we had a meeting of the parents and the Improvement Society. The subject for discussion was: "What is the best thing for us to do for our community? They decided unanimously that they wanted a school nurse. I am having them come to me from right and left to tell them about the work. Monday and Tuesday I am scheduled for D——, if the school is opened. A lady, I can't think of her name, who belongs to D——, has asked me to her home to meet the different people interested in the work. I was very much impressed with her, for she looks at it from the broad standpoint.

I don't believe I can keep up with all the social work. Last evening I was invited with all the teachers and the principal and his wife to a dinner. We had a very enjoyable time and all these people want a nurse in the schools.

The county superintendent of schools has made out a schedule until April. He wants to know if that is asking too much. Will you let him know? I was very much amused a little while ago hearing Professor M—— talking over the telephone to Mr. B—— asking if it would not be possible to have the nurse a little while longer. "You know," he said, "the people are realizing what a good thing it is, and now that she is going, they are tormenting me to have her see their child before she goes. Some of these very people made a fuss at the beginning; but they are gradually coming around and don't understand why their child was not examined." This is the situation in this township, and the sooner they get a nurse the better, to get results.

I can't tell you how much I am enjoying this work. It does seem worth while when you can see the results forthcoming. Professor M—— is very enthusiastic on the subject.

Starting Wednesday I go to N—— which is the largest township school, and the teachers are very anxious to have the demonstration of school nursing.

I will close for this time as I wish to make a few calls.

———

February 22, 1919.

MISS HELENA R. STEWART,
Columbus, Ohio.

MY DEAR MISS STEWART: —

One of my major purposes in being in Columbus a few days ago was to see you. This to my very great disappointment was not realized. I was unable to remain longer on account of a

poor train schedule which would have delayed my return a little too long.

Your announced plan to call Miss C—— from our county March 15 has given me much concern. Since I realize that there are other places with children whose needs are just as urgent, and since you have already been graciously considerate in giving us the attention you have, I admit that it was with hesitation I came to ask what consideration you would give to an extension of Miss C——'s time there. I trust you will not regard this as a selfish move on my part. I have analyzed our situation as I see it and expected to make in substance the following presentation to you:

Our county never had a public school nurse. For that reason it never felt the need of one, simply regarding such work more or less a frill. However, a few boards of education consented to allow us to make a trial this year. Of course, you know what the nurse proposition was in face of the war demands. In fact we were wholly unable to secure any nurse, properly qualified to succeed, even after the boards had given us permission to proceed. Our only outlook for this year was based on the possibility of your being able to send us someone. You sent us Miss C—— who is succeeding admirably in developing sentiment and will do a great work if she is given sufficient time. When I was presenting the nurse proposition to all the boards in the county I always asked them to vote their opinions in the matter whether they had the finances or not. Eight boards responded, some of them being without finance. Some others would not respond unless I would state definitely what financial obligation would be involved. That I could not do. When Miss C—— came she said you were allowing her whatever time we would need and that the cost was being assumed by the state association. This was wonderful news. I immediately sent out word to the boards that responded to my letter of inquiry that a nurse had been sent to the county and would cost no board anything except some little fixtures which she might request of them; also that those having indicated an interest would receive first attention. Accordingly we worked out a schedule for these eight districts, giving a minimum amount of time for each township. Owing to the delay of printed matter reaching Miss C——, she was unable to begin her work as soon as she arrived. At present she is in her second school which she will complete next Tuesday. In brief, it will be impossible for her to even take care of the eight schools before March 15th.

The attitude in the communities where Miss C—— has been, or is, changes. Interest in other places is developing. The outlook is favorable — more than that. If Miss C—— withdraws March 15 to go to another county do you think the total good done in both counties will equal that done in one, where the acceleration developed in a given community becomes a contributing force in starting things in a neighborhood? Then too I know that it will not be understood by the communities, if after our saying so much concerning the work, no attention is given them. Pointedly, I believe the rapidity of the health movement in this county is at stake in the too-early withdrawal of Miss C——.

Another matter I wanted to discuss with you was the possibility of our employing Miss C—— next year as our county nurse. I remember requesting you to send us a woman with a good personality. This you have done. Children love her. Parents become attached to her. She is sensible, devoted to her work and morally strong. We want her in this county. We would like a proposition from you now so we can work it out.

Thanking you for time and consideration, I am

Very truly yours,

J. E. B.

This nurse tells me that results are already showing. One teacher reported to her that five children in her room have been fitted with glasses since their examination.

In the large city the school physician came first and soon proved the need of the school nurse. In the small cities and rural communities the nurse usually comes first and shows the need of the physician, the psychologist, the eye specialist and the dentist, and no system of physical supervision of school children is complete without them all.

Dr. Luther H. Gulick said in 1913: "Experience in New York, Philadelphia and other large cities has shown that in the congested districts a nurse should be provided for every 3,000 or 4,000 pupils. With this number of pupils the nurse can do effective and efficient home visiting as well as the work of routine inspection in the schools. In cities of from 20,000 to 30,000 inhabitants with a public school enrollment of 3,000 to 5,000 the services of one nurse will be found adequate, providing the schools are reasonably near together. With conditions as they now exist in some sections of our greater cities one nurse for each 2,000 children or even one for each 1,500 is none too many.

Lina L. Rogers, first school nurse in America, who has organized and directed the work in New York City, Pueblo and Toronto, claims that 1,000 children are the maximum assignment, if the nurse is to do thorough work, even when her duties are strictly limited to the children of school age.

Miss Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing, wrote several years ago: "It is true that any number of school nurses are required to care for 2,500 to 3,500 school children, but no honest, well-informed person will attempt to defend it. It is obvious that with so many children under her care, the nurse is not only being overworked, but her work must frequently be superficial and unfinished."

Examining the children is speedy work compared with the following up of the cases — and of what use is it to find defects if nothing is done to correct them? It must be remembered that much depends on the social status of the children. "The records of medical inspection in great cities show that many sorts of physical defects vary in more or less direct proportion with the degree of poverty in the homes of the children. Among such defects are enlarged tonsils, defective nasal breathing, defective hearing, decayed teeth, skin diseases, vermin and above all malnutrition. In the poorer sections of cities and in quarters largely peopled with recent immigrants the prevalence of these conditions will require the employment of more nurses than would be needed in some other districts if the work is to be done effectively."

A simple note suggesting, for instance, that a child seems to have some defect of vision will be all that is necessary for some parents in order to secure for that child the best medical care of a specialist. Under these circumstances, the "follow-up" work of the nurse would amount to getting the diagnosis and results of treatment and recording them for the completion of the history. In some other case the nurse may make many visits before she can persuade the parents that Johnny's squint is something more than "just a habit which he will outgrow." It takes time to overcome a prejudice which is sure that "it's a bad thing to put on glasses, for if you begin to wear them you'll always have to wear them." In order to make Mary's mother see that it is worth while for Mary to consult a doctor for mouth breathing, it may be necessary to take the long way of showing the improvement in some playmate who had her adenoids removed according to the doctor's advice.

In order to complete school nursing there should be time for school talks and lessons. No one would think of sending a boy into a profession or a trade without some instruction and preparation, yet most of the young mothers are sent into their profession of motherhood without any knowledge of the care of an infant or a young child. The high mortality rate of infancy suggests how inadequate is this method of trusting to instinct and the advice of the neighbors. School nurses all over the country are teaching the girls in the higher grades something of the proper care and feeding of infants and simple rules of hygiene and health. The knowledge is immediately useful in families where there are little brothers and sisters at home, and later when these girls are real mothers they will not altogether forget the instructions received and can take up their responsibilities with more intelligence than that which their parents possessed. All this health education very naturally falls to the lot of the school nurse and if she is under a constant strain to get in two hours' work in one, the work must suffer.

A very important part of a school nurse's work is the keeping of records, and this requires a clear mind and sufficient time and should not be pushed to the tag end of a weary day. Public health nurses are credited with having no respect for records, and one reason for this very just criticism is that as yet each nurse is trying to do the work of two and naturally the thing which seems less urgent is the thing which is left to be done tomorrow.

Public health nursing in all its branches requires for its performance not only a body in good physical condition, but a spirit fresh enough to be capable of enthusiasm—that attribute so essential for accomplishment.

Dr. William Osler is credited with having said in regard to the work of medical inspection of schools in England: "If we are to have school inspection let us have good men to do the work and let us pay them well. It will demand a special training and a careful technic." The school nurse is rather generally admitted to be the most important adjunct of medical inspection. Since she is the teacher of the parents, the pupils, the teachers and the family in applied practical hygiene, and since she is "the most effective possible link between the school and the home," she too should have "special training and careful technic" and should be chosen with the greatest care for so important a work, and she too should be compensated adequately.

"The school nurse is not a passing experiment. She is a vital part of one of the most important of our national institutions. Through her work American citizens are physically fitted to receive the education which in its turn is to fit them for the responsibilities of citizenship. It is her duty so to teach the value of health to both children and parents as to make them realize that its attainment is worth some real sacrifice on their part. It is her duty to strengthen parental responsibility in new directions. It is her duty to strengthen the hand of teachers and physicians, and also to do her part toward making the American school an institution where bodies as well as brains are developed for a life of usefulness."

Medical Argument Against Night Work, Especially for Women*

By Emery R. Hayhurst, M. D., Consultant, Division of Industrial Hygiene, Ohio State Department of Health

I AM not in favor of night work for anybody. It is unnatural for most forms of life to work at night and attempt to sleep in the day. The tonic effects of exercise in daylight are lost. The diurnal temperature which varies in the human being, whose temperature is highest at two to six o'clock P. M. and lowest at two to six o'clock A. M., is directly interfered with.

A letter on my desk signed by Charles Iffland, International Secretary of the Bakery and Confectionery Workers, with headquarters in Chicago, proclaims that even this trade is strongly against night work, and that for the last thirty-seven years they have endeavored to abolish this most deplorable and miserable system, which they consider the greatest evil in their industry and not necessary for the public welfare.

Fatigue is the health menace concerned — daily or chronic fatigue, of which the latter is the worse form. This condition, defined as failure to respond promptly and efficiently to the normal amount of stimulus, is due to a combination of several intrinsic factors: disturbances in normal sleep, rest, recreation and food and the amount of strain due to work. Night work emphasizes all these factors, as follows:

(a) Sleep for the night worker is disturbed by the extra noise and bustle of the daytime, hot weather in the summer season, the presence of daylight and the shift changes which are introduced weekly or bimonthly in order to make the unfairness of the night work shift an equal burden to all employees.

(b) Rest is invariably broken by additional home duties, especially for women. If all in one household worked by night and slept by day, the disturbances would not be so great, but when noon meals have to be prepared for school children and others, the condition can only be appreciated by the picture of what would be the condition if a household was interrupted each night at one to two o'clock A. M. for meals and by people going and coming throughout the night.

(c) The recreation period for night workers is not timed with that of others; they lose many advantages of associations. Recreation must include time for association with fellow men, for contemplative reflection and planning or morale suffers, and many times morality as well. Interest, a chief natural block against fatigue, is absent when morale is not there.

(d) Food irregularities are prime factors in producing fatigue. Reversal of periods for light and

* Presented before the Committee on Labor, Ohio House of Representatives, March 27, 1919.

heavy meals, invariable tendency on the part of night workers to lunch with the others during the day and the effects of shift changes derange digestion.

(e) Strain is usually greater for night workers because night shifts are longer than day shifts, and because artificial illumination is usually at fault—either too poor or too glaring with spectral reflections. Practically all night workers experience difficulty, some call it agony, in keeping themselves keyed to the job between two and five o'clock A. M.—the period of least functional activity in the human body. This is the period of greater accident rate also.

The accident rate is invariably greater during night shifts. Investigators speak of the hypnotic influence of moving machinery and the to-and-fro passage of workers under the influence of hour after hour of night work. The British Health of Munition Workers Committee found that the average first-aid dressings in a munition factory on the night shift were 508 per thousand employees each month compared to 292 per thousand per month on the day shift (*Munition Workers,* Hewes and Walter, 1917, Russell Sage Foundation, page 121).

Illness among night workers was reported from German experience twenty years ago as constantly increased over that for day workers. Perhaps poor ventilation, especially when night work immediately follows day work in a shop, is a common cause, perhaps also the occupying of the same bedrooms as used by others; but undoubtedly a loss of resistance to fatigue from the intrinsic causes above mentioned is the basic factor.

For many workers, especially women, fear on going to work late at night and on coming back early in the morning, especially between the home and the street car line, is a feature inimical to health.

I am against any argument that women should not work; I believe they should, for the good of their health. Whether the given woman should hire out for work and be constrained by a certain number of hours each day is a social problem rather than a medical one so far as she herself is concerned. With the exception of the months of child-bearing and nursing, sex should not be looked upon as a disability. Where physical defects exist, which is very often the case, the question differs. About one women or girl in seven has trouble with the menstrual molimen. Shift changes or any irregularity in daily activities at this period are to be regarded as detrimental. Menstruation, pregnancy and nursing (lactation) are all phenomena of natural origin and co-ordinated with the natural arrangement of the order of day and night. Furthermore, married women have less opportunity to nurse their babies and the child's health suffers therefrom. Infractions are followed by disease and death. As it is, twenty-three percent of all deaths occur before five years of age (U. S. Census, 1916, p. 11). Children too often bear the brunt of night work.

Pleasure, which is sought for recreation, many times leads the individual into late hours, irregular meals, and fatigue and strain otherwise, but this is no argument that such pleasure is recreation. It is, in fact, dissipation. The biggest problem today before the health economist is to point out the difference between recreation and

dissipation, as people confuse them.

Six afflictions are recognized as preventable—"reducible" would be a better term. These are consumption, pneumonia, accidents, typhoid fever, poisonings and suicide. With women engaged in gainful occupations, seventy-five percent of their deaths are due to these six causes and before they are forty-five years of age; for men sixty percent of their deaths ars so caused and before forty-five years of age (MONTHLY BULLETIN, Ohio State Board of Health, August, 1913, compiled from Tenth U. S. Census, mortality statistics—140 chief occupations.) In thirty-six leading occupations for women, tuberculosis was the first cause of death in twenty-seven, with heart disease in the lead for five more (same statistics.)

For women who do night work, the home becomes the place of eating and sleeping, washing and ironing, with a minimum of true recreation, an increase in accumulated fatigue, and most of what constitutes real life is the shop or mill. Night work for women is not in line with conserving womanhood or childhood. It is a menace to state and national vitality. The New York State Supreme Court in 1915, after reviewing the evidence ruled that it was to the interest of public health and morals to insure for women a period of rest at night.

Outside of great emergency or absolute industrial necessity, all night work should be abolished and more so for women than for men because of the reasons given.

Health of Ohio Coal Miners

Abstract of a Report by Emery R. Hayhurst, Ph. D., M. D., Consultant in Industrial Hygiene, Ohio State Department of Health

(*Continued from last month*)

VI. HOW MINERS COPE WITH SICKNESS AND DEATH HAZARDS

ORGANIZED MEDICAL CARE.—Whereas in many other industries the management itself takes a leading part in organized medical care, such as sick and benevolent associations, this is not the case in the Ohio mining industry. Any organization in this line is supervised by the workers themselves. Whether any such organization whatever is present depends very largely upon (1) the size of the working force, (2) the location of the mine in respect to towns and cities, (3) the racial complexion and (4) the interest manifested by the local union, which, in turn, depends largely upon the views of the officials of the same. Where a few men are employed, the existence of a benevolent association renders such out of the question. Where the mine is located in a populous community, so many of the workers belong to secret lodges carrying sick benefits

as to seriously interfere with a benevolent association. Where a majority of the workers are foreigners, strictly benevolent associations have a hard time to exist, since most of the foreigners prefer to belong to their own lodges, most of which besides carrying sick benefits are more or less religious in aspect. Where a benevolent association does exist, it is invariably optional with the men whether they belong or not, so that a considerable percentage of all workers are not members of the given local's sick benefit association.

Reports were frequent that SICK BENEFIT ASSOCIATIONS maintained by the locals were decreasing in number, especially since the state compensation act became operative and took over the accident features. Occasionally malingering was said to have been the chief cause for the breaking up of such associations. It was stated that the optional membership clause is a main reason for the non-flourishing character of these local benefit societies.

It was found, however, that the usual national fraternal secret sick benefit associations were well represented in the mining districts. It could not be said that any one of these was universally strong among the miners. At one place it was the "Odd Fellows" who predominated and at another the "Red Men" or the "Moose", etc. The percent of miners carrying sick benefits in such associations could not be accurately obtained in this inquiry, but many whose opinions were asked put it at in the neighborhood of 50 percent.

Separate and distinct from these English-speaking fraternals were the associations among the foreign classes. It was the universal statement that practically all foreigners belonged to some one or two or more of these orders. They, indeed, seem more appreciative of such insurance protection than the native Americans. Many of them have received their initiation into community insurance schemes abroad in the various countries from which they or their parents have come.

The usual forms of industrial insurance were everywhere present in the mining districts, through which children, in particular, are covered for funeral benefits.

Many of the miners, perhaps the foreigners more than the others, carried sickness insurance in several organizations, so that the statement was frequently made that a man while sick might draw more money in sick benefits collected that he did while well and at work.

Taking up a collection by passing around a paper or by "passing the hat" was a frequent procedure to help out some sick or injured worker. The amount of the collection usually depended on the case and too often on the popularity of the worker.[1]

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[1] At a home visited in company with a mining physician near Glouster, was an instance in point: A miner, 21 years old, had been laid up 20 weeks with a compound fracture of the foot. He was about ready to go to work again. During this time he had received state compensation and in addition two collections from among the men at the mine where he worked. These netted him $28.30 and $26.10. In the same house with him was his father-in-law, 60 years of age, who had raised twelve children, an old miner, who had mined all his life until "rheumatism" had compelled him to give up at the age of 55 years, since which time he has had no income except one collection which the "boy gave him" of $26.10.

The great benefits derived from state compensation for injuries were everywhere evident.

In contrast to the usual absence of sick benefit organization was the DEATH BENEFIT (really burial fund) provided by most locals. On the occasion of the death of a miner the local, by special assessment or check off at the mine, raised a fund varying in localities from $25.00 to $200.00. Usually a similar amount was raised for the death of a miner's wife, or other dependent adult, and a graded amount for children based on age of the child. At many larger mines the company also contributed $25.00 provided the mine worked on the day of the funeral. This was arranged by agreeing that only the immediate friends of the deceased attend the funeral and the balance work. One company was said to contribute $50.00 to a funeral and another to pay the entire funeral expense (probably meaning in case of accidental death in the mine). Unlike Illinois, the State organization of miners in Ohio maintains no death claim insurance department.

VII. COMMUNITY MEDICAL FACILITIES

First Aid. — By State law, all mines of certain size are required to have at least a minor first-aid equipment, consisting of litter, blankets, kit of bandages, simple instruments, antiseptics, etc. In Illinois, all mine managers (mine bosses) and, as a rule mine examiners, are required to have first-aid training, for which they receive a license. No such requirements obtain in Ohio. One or two mines visited had first-aid teams. An emergency hospital room was present at mines connected with large steel companies, as were also ambulances. "Safety First" was well to the fore in most mines. A refuge room or space is located near to the foot of the hoisting shaft. Manholes or refuge places on haulage roads occur every 60 feet and must be on the side opposite the trolley wire on motor haulage roads.

Sick Quarters. — Men hurt or taken suddenly sick in the mines are rushed to the surface — usually to the engine room, the wash house or the mine office. In the meantime the physician who is called by telephone has usually arrived. After first-aid attention the afflicted man is taken home where he goes under the supervision of the physician of his choice.

Physical Examinations.—At no mines did physical examinations of applicants for work obtain. Both workers and employers, however, commended the advisability of this.

Control of Epidemics. — In the presence of an epidemic the mining company and the local union follow the policy of non-interference, leaving it quite entirely to the supervision of whatever local health authority is at hand. Insistence on vaccination against smallpox has been attempted at some mines. Closing of the wash-house may also be ordered. The fury of the present epidemic of influenza in mining districts has been out of all proportion to other districts in the State and attests to the inadequacy of health supervision in them.

Stability of Medical Practice. — Inquiry showed that physicians in mining districts are just as likely to locate permanently, perhaps a lifetime, as they are in other localities. They appeared to get less opportunity for vacation periods than elsewhere. They are practically all native Americans.

Contract Practice. — As is well known, contract practice for so much per man per month or per family per month is looked upon with disfavor by county medical societies. Also there was a disposition on the part of locals to look unfavorably upon this form of agreement. Of the twenty-three physicians interviewed, two maintained a contract practice. This was on the basis of $1.50 per month per family, or seventy-five cents for a single man. The plan was heard of in several communities not visited. A number of physicians said they had discontinued contract practice as not feasible or satisfactory. Contract practice was at one time much more extensive in mining districts.

Prevailing Fee Rates. — The rates charged miners were the same as for other inhabitants in each district. The usual fees were: For calls at the house, $1.50 (before the war, one dollar); night calls, two dollars and up; office calls one dollar and up, usually with medicine included; mileage, fifty cents a mile after the first mile or certain rates to a certain place; confinement cases, from ten dollars up, usually fifteen dollars. These rates are lower than for the State at large; also lower than for mining districts in Illinois. Remuneration was quite invariably upon the merit basis — so much for so much service rendered.

Physicians in mining communities are kept fairly busy with injury cases coming under State compensation. A majority of these, while admitting that their income was much better than before the installation of the State compensation when they used to deal directly with the injured worker or with some private insurance company, were, however, ruffled at the delays in payment and haggling over the question of the amount of fees, occasioned by their dealings with the claims deparement of the State Industrial Commission. This situation is largely due to lack of specific information furnished by the physicians, and undoubtedly at times to an assumption of too much knowledge of the given case on the part of the department. The State Medical Society has offered a means of practically solving these disputes by the appointment of a complaint committee at Columbus, to work in conjunction with the department.

Mileage Covered by Physicians. — The mining physician covers a radius of about five miles in his practice. Variations depend upon the direction of railroad lines and other local features.

Ratio of Physicians to Populations. — The results of inquiry into this point were tabulated and show that, as a general rule, the average mining community in Ohio is sorely in need of more physicians. Most of these communities are also so inacessible that they do not have the advantage of calling upon the physicians in the neighboring cities for extra medical service. In ten mining towns investigated in eight different districts, there was an average ratio of one physician to 2,016 of the

estimated population. This was not because physicians had withdrawn for army service, as very few left mining communities for such service. The ratio of physicians to population throughout the United States is one to 739 (estimated in August, 1918). The situation in Ohio is in contrast with that in Illinois where similar investigations by the writer showed that there was no dearth of medical practitioners in mining communities, at least in view of the present demands for their services.

Non-Medical Practitioners. — Except in the larger mining cities there was almost an entire absence of osteopaths chiropractors, neuropaths, optometrists, mental and faith healers, etc. Licensed midwives were practically absent. Women practicing midwifery unlicensed, especially in foreign communities, were mentioned here and there. However, foreigners were invariably desirous of getting a "good doctor" on such occasions. With some instruction, many of these women could be trained to be of great practical service to busy mining physicians, although but few of them could meet the educational requirements of the law for a licensed midwife.

Nurses and Nursing. — The trained nurse is almost an unknown person in practically all mining communities even in normal times. Whole counties were reported as without the services of a trained nurse, public or private. The number of practical nurses was found to be very limited also, but most physicians explained that there were two or three "handy" women in the vicinity to help out. Many persons expressed the opinion that a community organization to assume part or all the cost of a trained nurses's services would be advisable.

(To be concluded.)

DEPARTMENTAL REPORTS BY DIVISIONS

DIVISION OF COMMUNICABLE DISEASES.

Reported Cases of Notifiable Diseases, March, 1919.

Prevalence. — In order of greatest reported prevalence during the month of March the notifiable diseases list as follows, with comparative figures for February given:

	Diseases	Reported Cases March	Reported Cases February
1.	Influenza	27,590	24,863
2.	Measles	1,297	726
3.	Pneumonia, broncho	672	527
4.	Scarlet fever	648	586
5.	Chickenpox	598	492
6.	Smallpox	538	367
7.	Mumps	508	387
8.	Tuberculosis, all forms	470	415
9.	Pneumonia, acute lobar	347	509
10.	Diphtheria	323	338
11.	Gonorrhea	221	210
12.	Whooping cough	156	123
13.	Syphilis	143	84
14.	Ophthalmia neonatorum	132	120

For no other one notifiable disease was a total of 100 or more cases reported for the month of March. Out of a total of 33,860 cases of notifiable diseases recorded to date of April 11, 22,161 cases were reported by the cities, 65 per cent of the entire amount as compared with 7,494 cases, 57 per cent of the State total for March, 1917, and 6,341 cases, 47 per cent of the State total for March, 1918, reported by the same health districts.

Influenza. — The anticipated recurrence of epidemic influenza, although of small proportions as compared with the two previous epidemic waves of this disease, was of general distribution throughout the State. To date of the eleventh of the succeeding month, the total reported influenza prevalence was: for January, 19,146 cases; for February, 22,902 cases; for March, 27,590 cases, indicating monthly influenza case rates per 1,000 population of 44, 53 and 63, respectively. These case rates best convey the relative monthly rise of the third epidemic of influenza in this State. It is important that all influenza cases be reported, and history case cards furnished for each, since these case cards are of great value in the study of new and unusual diseases which follow influenza.

Broncho Pneumonia — This disease, which was seventh in the prevalence list for February, ranks third in prevalence for March. A reported total of 672 cases for this month, shows an increase of 242 cases as compared with 406 reported cases for February to date of March 11. This increased prevalence undoubtedly follows epidemic influenza, with which disease broncho pneumonia is closely associated.

Measles. — A total of 1,297 cases of measles was recorded for the month of March, an increase of 571 cases or 79 per cent as compared with February. An increase in measles prevalence is not unusual during the spring months. This month's total shows a diminished prevalence as compared with March of previous years. The reported total for March, 1917, was 6,111 cases; for March, 1918, 2,298 cases; and the five year average is 3,058 cases.

Scarlet Fever. — A rising prevalence of scarlet fever was indicated by the March reports, which exceeded February's by 101 cases, although remarkably less than totals for the same month in previous years. For the past three years reported case totals are: March, 1916, 1,564; March, 1917, 1,307; March, 1918, 954,— indicating monthly case rates for these years of 4, 3, and 2 cases per 1,000 population. The monthly case rate for March this year is 1 per 1,000.

Smallpox. — For the past four months this disease has steadily advanced in prevalence. To date of the 11th of the succeeding month there were recorded during December, 245 cases, during January 301, during February 346, and during March 538. Considering the vigilance of this department, this increase indicates negligence on the part of the public to observe quarantine and take advantage of vaccination. The reported prevalence with the exception of Scioto County on the South and Lucas County on the North, is noticeably confined to northeastern, central and southwestern districts of the State. In order of prevalence fifteen counties whose health districts reported ten or more cases each rank as follows, with prevalence given: Butler County 78, Tuscarawas 53, Mahoning 40, Warren 33, Scioto 32, Hamilton 31, Lorain 26, Cuy-

ahoga and Montgomery 25 each, Miami 24, Muskingum 22, Lucas 21, Highland 17, Coshocton 16, Jefferson 11. The remaining 84 cases were distributed over twenty-four counties.

Meningitis, Cerebrospinal. — The reported prevalence of this disease for March is 22 cases, a decided increase as compared with meningitis totals for the past six months, but indicating diminished prevalence as compared with the same month in previous years. The meningitis prevalence during March, 1917, was 101 cases and during March, 1918, 57 cases. Of the 22 cases of meningitis reported this March, 14 were reported by cities, as follows: Akron 2, Ashland 1, Cincinnati 1, Circleville 1, Cleveland 1, Dayton 7, Portsmouth 1. Of the remaining eight cases, one case each was reported from the villages of East Youngstown, Scott, Shreve, Westerville and Wadsworth and one case each from Bratton Township, Adams County; Goshen Township, Clermont County, and Summit Township, Monroe County.

Other Diseases. — Only two cases of polimyelitis were reported during March. Pleasant Township, Putnam County, and Noble Township, Auglaize County, reported one case each. Four health districts reported cases of trachoma as follows: Cleveland 2, Portsmouth 45, Akron 4, Ross Township, Wood County, 1. Tiffin Township, Defiance County, reported a case of rabies. Seven cases of malaria were reported from the following health districts: Sullivan Township, Ashland County, 5; Benton Township, Hocking County, and Union Township, Licking County, one each. Encephalitis lethargica, often called "sleeping sickness", made its appearance in this State during March. Although this disease is not notifiable in Ohio, as many as sixteen cases have been noted in press reports, and four were reported to this office by health officials from the following health districts: Middletown, Reading, Pemberville and Middleburg Township, Cuyahoga County, one case each.

TABLE I. REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, MARCH, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, MARCH, 1919, AND ANNUAL CASE RATES PER THOUSAND POPULATION, MARCH, 1917-1919

Disease	March, 1919			March, 1918	March, 1917	March Case Rates Per Thousand Population*		
	Cities	Villages and Townships	Total			1919	1918	1917
All notifiable diseases	22,161	11,701	33,862	13,605	13,123	6.366	2.585	2.520
Chickenpox	402	196	598	735	1,083	.112	.140	.208
Diphtheria	242	81	323	607	563	.061	.115	.108
Gonorrhea	204	17	221	85	107	.042	.016	.021
†Influenza	18,300	9,290	27,590	.....	.....	5.187	.....	.....
Measles	940	357	1,297	2,298	6,111	.244	.437	1.173
Measles, German	11	20	31	3,189	291	.006	.606	.056

TABLE I. REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, MARCH, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, MARCH, 1919, AND ANNUAL CASE RATES PER THOUSAND POPULATION, MARCH, 1917-1919 — Concluded.

Disease	March, 1919			March, 1918	March, 1917	March Case Rates Per Thousand Population*		
	Cities	Villages and Townships	Total			1919	1918	1917
Meningitis, cerebro-spinal	14	8	22	57	101	.004	.011	.019
Mumps	113	395	508	1,320	590	.096	.251	.113
Ophthalmia neonatorum	126	6	132	130	225	.025	.025	.043
Pneumonia, acute lobar	178	169	347	458	625	.065	.087	.120
†Pneumonia, broncho..	303	369	672	.....	.....	.126	.....	.....
Poliomyelitis	.....	2	2	8	7	.000	.002	.001
Scarlet fever	343	305	648	954	1,307	.122	.181	.251
Smallpox	260	278	538	1,676	342	.101	.318	.066
Syphilis	131	12	143	79	65	.027	.015	.012
Trachoma	51	1	52	28	57	.010	.005	.011
Tuberculosis, all forms	394	76	470	647	705	.088	.123	.135
Typhoid fever	28	29	57	138	189	.011	.026	.036
Whooping cough	100	56	156	1,141	741	.029	.217	.142
Other notifiable diseases	21	34	55	55	14	.010	.010	.003

† Not reportable until October 11, 1918.
* For approximate monthly case rates multiply annual rates by 12.

TABLE II. REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER 1,000 POPULATION, OHIO CITIES, MARCH, 1919.

City*	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria.	Measles	Meningitis, Cerebrospinal	Pneumonia, Acute Lobar	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All forms	Typhoid Fever	Whooping Cough
Total	.825	2,499	242	940	14	178	....	343	260	394	28	100
Akron	3.223	293	11	164	2	21	....	11	7	29	1	47
Alliance	.624	13	5	....	....	5	....	....	3	....	....	....
Ashland	.107	1	....	....	1	....	....	....	....	....	....	....
Ashtabula	.215	5	1	....	....	....	....	3	....	1	....	....
Athens	.780	6	2	....	....	....	....	2	....	1	1	....
Barberton	.497	7	4	1	....	....	....	2	....	....	....	....
Bellaire	.189	3	1	....	....	....	....	....	....	2	....	....
Bellefontaine	.618	6	1	....	....	2	....	....	....	2	1	....
Bellevue	.320	2	....	....	....	1	....	....	1	....	....	....
Bucyrus	.208	2	....	....	....	....	....	....	....	....	2	....
Canton	.728	52	3	31	....	....	....	8	1	9	....	....

TABLE II. REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER 1,000 POPULATION, OHIO CITIES, MARCH, 1919 — Continued.

City *	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria.	Measles	Meningitis, Cerebrospinal	Pneumonia, Acute Lobar	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All forms	Typhoid Fever	Whooping Cough
Chillicothe	.372	6	4	....	....	....	....	1	....	1	....	....
Cincinnati	.608	304	35	59	1	....	....	92	16	91	....	10
Circleville	.592	4	....	1	1	2	....	....	....	....	....	....
Cleveland	.345	345	76	84	1	....	....	30	24	119	2	9
Columbus	.280	70	3	4	....	....	....	16	6	38	....	3
Conneaut	.424	4	2	....	....	....	....	2	....	....	....	....
Coshocton	.560	7	1	....	....	....	....	....	6	....	....	....
Dayton	.750	125	9	1	7	73	....	17	2	6	10	....
Defiance	.136	1	....	....	....	....	....	....	....	1	....	....
Delaware	.099	1	....	....	....	....	....	....	....	1	....	....
Delphos	17.919	99	....	96	....	3	....	....	....	....	....	....
East Cleveland	.198	3	....	1	....	....	....	1	1	....	....	....
East Liverpool	.126	3	1	....	....	....	....	1	1	....	....	....
Elyria	1.225	25	5	6	....	3	....	1	8	2	....	....
Findlay	2.211	33	1	21	....	8	....	2	....	1	....	....
Fostoria	.267	3	....	....	....	3	....	....	....	....	....	....
Fremont	.594	6	....	....	....	4	....	....	....	2	....	....
Galion	.278	2	....	....	....	2	....	....	....	....	....	....
Gallipolis	.176	1	....	....	....	....	....	....	....	1	....	....
Greenville	.144	1	....	....	....	....	....	....	....	1	....	....
Hamilton	1.298	59	1	3	....	11	....	....	11	3	....	....
Ironton	1.960	28	1	9	....	4	....	6	....	3	5	....
Jackson	.483	3	3	....	....	....	....	....	....	....	....	....
Lakewood	.660	11	1	1	....	5	....	1	....	3	....	....
Lancaster	1.003	17	....	6	....	....	....	11	....	....	....	....
Lima	.540	18	4	....	....	....	....	12	....	2	....	....
Lorain	2.568	107	4	91	....	1	....	10	....	1	....	....
Mansfield	.420	10	1	1	....	1	....	2	2	2	1	....
Marietta	.077	1	....	....	....	....	....	1	....	....	....	....
Marion	.164	4	1	....	....	1	....	....	....	2	....	....
Martins Ferry	.960	10	8	....	....	....	....	....	....	2	....	....
Massillon	.320	8	....	....	....	....	....	6	....	2	....	....
Middletown	1.740	29	....	12	....	....	....	3	13	1	....	....
Mt. Vernon	.440	5	....	....	....	....	....	4	....	1	....	....
Nelsonville	.150	1	1	....	....	....	....	....	....	....	....	....
New Philadelphia	.186	2	....	....	....	2	....	....	....	....	....	....
Newark	.279	9	4	1	....	....	....	2	....	2	....	....
Niles	1.298	11	3	....	....	....	....	....	8	....	....	....
Norwalk	.580	5	....	2	....	....	....	....	....	3	....	....
Norwood	.520	13	....	....	....	8	....	1	....	4	....	....
Painesville	.504	3	....	....	....	....	....	3	....	....	....	....
Piqua	.315	5	1	....	....	....	....	....	2	2	....	....
Portsmouth	.875	25	1	....	1	....	....	1	15	4	....	3
Ravenna	1.071	7	1	....	....	....	....	6	....	....	....	....
St. Bernard	.308	2	1	....	....	....	....	1	....	....	....	....
St. Marys	.820	5	1	....	....	....	....	4	....	....	....	....
Salem	.588	6	1	2	....	....	....	3	....	....	....	....
Sandusky	.245	5	....	1	....	....	....	1	....	3	....	....
Springfield	1.494	83	....	77	....	....	....	....	....	4	....	2
Steubenville	.627	19	6	....	....	2	....	....	10	1	....	....

TABLE II. REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER 1,000 POPULATION, OHIO CITIES, MARCH, 1919 — Concluded.

City *	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria	Measles	Meningitis, Cerebrospinal	Pneumonia, Acute Lobar	Scarlet Fever	Poliomyelitis	Smallpox	Tuberculosis. All forms	Typhoid Fever	Whooping Cough
Tiffin	.234	3	1	....	....	1	....	....	....	....	1	....
Toledo	.775	155	16	12	....	6	....	45	19	32	2	23
Troy	2.826	18	....	....	....	1	....	....	15	2	....	....
Urbana	.116	1	....	....	....	....	....	1	....	....	....	....
Van Wert	.256	2	....	1	....	1	....	....	....	....	....	....
Wapakoneta	.150	1	....	....	....	....	....	1	....	....	....	....
Warren	.814	11	....	....	....	1	....	6	1	1	2	....
Washington C. H.	1.265	11	....	1	....	....	....	3	7	....	....	....
Wellsville	.324	3	....	....	....	3	....	....	....	....	....	....
Xenia	.115	1	....	....	....	....	....	....	....	1	....	....
Youngstown	2.682	298	16	221	....	3	....	19	38	....	....	1
Zanesville	1.581	51	....	30	....	....	....	1	13	5	....	2

Ommission of certain cities from the above list is due to the following reasons: Cambridge failed to submit the regular monthly summary report by date of going to press; Bowling Green, Dover, Kenton, Sidney, Wellston and Wooster reported no cases of the diseases listed.

Summary of Investigations

Investigations were made by representatives of the Division as follows in March: Flushing, scarlet fever; Willard, influenza; Fredericktown, smallpox; Portsmouth, trachoma; West Carrollton, smallpox; Morgan Township, Scioto County, smallpox; Salem, chickenpox; Jerome Township, Union County, suspected smallpox; McArthur, influenza.

The investigation at Portsmouth consisted of a survey of the trachoma situation, made at the request of the city school authorities, whose nurse had found a number of trachoma cases among children. Dr. William S. VanFossen, Columbus opthalmologist, conducted the survey with the help of the assistant epidemiologist of the Division. Cases which had been tentatively diagnosed as trachoma by the school nurse were brought before the investigators; of the total of 131 suspected cases, 126 were diagnosed as trachoma. Fifty-eight additional cases which were not investigated were reported by the nurse and by physicians during the month. It is known that only a small proportion of Portsmouth's total of trachoma cases is represented by the number reported. Of seventy-five cases questioned as to former residence, twenty-eight had lived in Kentucky or other known trachoma states. Fifty cases reported eye disease among other members of their families. To deal with the situation a free clinic has been established, maintained jointly by the State Department of Health, local school and health authorities and the Portsmouth Bureau of Community Service. Treat-

ment at the clinic is mandatory for school children and available to all other persons.

Wrong diagnosis of smallpox as chickenpox was noted at Fredericktown, at West Carrollton and in Scioto County, causing annoyance to health officers and to physicians who desired to report their cases correctly. A woman who had nursed a case of supposed chickenpox at Fredericktown developed smallpox later in Columbus, and the case was referred to the Department by Columbus health authorities. A Fredericktown physician also called upon the Department to assist him in diagnosing a case which he had at first believed to be chickenpox. Investigation proved the case to be smallpox, contracted in Mansfield. The physician had been misled in his diagnosis by the fact that no smallpox cases had been reported in Mansfield, where there has been a tendency to report mild cases of smallpox as chickenpox. Trouble in enforcing smallpox quarantines had been experienced at West Carrollton, due to the mildness of the cases. One man who violated a quarantine and went to Dayton to work was brought back and fined. The attending physician in this case, who had made a correct report, complained that the attitude of certain physicians in the neighborhood in making wrong diagnoses was troublesome to those who wished to be honest. Mildness and wrong diagnosis of early cases permitted smallpox to spread in Morgan Township, Scioto County, the people not taking the situation seriously until a death occurred. The health authorities were advised to adopt strict control measures, and it was learned from physicians that many residents were being vaccinated. Diagnosis of three adult cases of chickenpox at Salem was confirmed by the Division's investigator. A New California physician was commended for his caution in asking for a Department representative to establish a diagnosis of a case of eruptive disease in a child in Jerome Township, Union County; no evidence of smallpox was found.

The McArthur health officer was advised to maintain influenza restrictions as long as he deemed it advisable, despite objections of certain citizens who had sent complaints to the Department. Restrictions designed to check the spread of influenza among school children at Willard, adopted on the recommendation of a Division representative, have proved beneficial in reducing the number of cases.

DIVISION OF PUBLIC HEALTH EDUCATION AND TUBERCULOSIS

Summary of Activities in March, 1919

Changes in personnel of the Division were occasioned by the return of the Director, Dr. J. R. McDowell, to his duties after a leave of absence since June 1, 1917, for military service, and by the resignation of Miss Norah D. Abbe, public health nurse.

The Division was represented at a meeting of the joint board of Proposed Hospital District No. 2 (organized), at which the proposal to merge with the Lima district was finally rejected and a site committee was appointed, to report at another meeting in Fostoria June 4.

The county commissioners of Lorain County, a member of Proposed District No. 3 (organized), in an interview with representatives of the Division expressed themselves as not being favorable to proceeding further under the district plan. In a meeting at Zanesville at which the Division was represented the medical society and chamber of commerce of that city appointed committees to aid in developing sentiment for the establishment of a hospital in Proposed District No. 6.

Notifications of tuberculosis hospital admissions and discharges were received as follows:

Institutions	*Patients Reported*	*Admissions*	*Discharges*
Ohio State Sanatorium	51	32	22
Butler County Sanatorium	8	5	3
Franklin County Sanatorium	48	26	30
Lucas County Tuberculosis Hospital	25	14	14
Dayton District Hospital	9	6	4
Lima District Hospital	11	8	5
Springfield District Hospital	24	18	7
Springfield Lake Sanatorium	48	27	28
Mt. Logan Sanatorium	7	1	6
Rocky Glen Sanatorium	1	...	1
St. Anthony's Hospital	6	4	3
Total	238	141	123

Total notifications received in March, 264: Referred to local public health nurses 199, referred to health department of another state 1, investigated by Division nurses 25, histories unobtainable 15, pending investigation at end of month 24.

Total notifications pending at beginning of month 51: Investigated by Division nurses 35, referred to local public health nurse 1, histories unobtainable 2, pending at end of month 13.

Total pending at end of month 37.

Changes in the local public health nursing service in March were as follows:

Miss Beatrice Gaffney, with Springfield health department, resigned to take up school work in Clark County, assisted by Miss Margaret Smith.

Miss Blanche Swainhardt, superintendent of nurses of Cleveland Visiting Nurse Association, resigned to become assistant secretary of National Organization for Public Health Nursing; succeeded by Miss Emma Mandery.

Miss Laura Parkins was appointed county nurse for Portage County.

Miss Kathryn Miller succeeded Miss Lucy Reilly as county tuberculosis nurse for Trumbull County.

Mrs. Blanche Morrisey, former nurse for Elyria, who resigned that position to take up Red Cross work, was appointed public health nurse for Bucyrus.

Miss Sue McCracken, formerly employed by the Ohio State Commission for the Blind, was appointed public health nurse for Elyria.

Notifications of discharged tuberculous soldiers and action taken thereon, with totals since the beginning of work in behalf of these men, are summarized as follows:

	March	*Total*
Notifications received	6	895
Cases referred to Public Health Nurses	2	602
Reports received from Public Health Nurses	4	354
Cases written directly	4	287
Replies received	0	71
Cases visited by Division Nurses	8	276
Cases admitted to Sanatoria	3	47
Cases not found	1	142
Cases not heard from	5	117

Reported cases of inflammation of the eyes of the newborn, with action taken thereon by the prevention of blindness service, are summarized as follows:

Cases reported 164, classified as follows: (by color) white 149, colored 10, unknown 5; (by source of report) reported by physicians 24, by midwives 59, by nurses 28, by physicians and nurses 2, by institution 50, by physicians and laymen 1. Instructions were given to health officer by telephone in six cases and two cases were provided with hospital care. Prophylactic outfits distributed during the month totaled 4,153.

DIVISION OF INDUSTRIAL HYGIENE

Summary of Activities in March, 1919

Consulting Services of the division have included the following: Bathing facilities in industrial plants; patients' rights following industrial illness; prevention of oil furunculosis; methods of oil sterilization; methods of determining humidity and room comfort; effects of wood dust on health; lead poisoning in Ohio potteries; health hazards in Columbus industries; State compensation for occupational diseases; adding of penalty clause to the occupational disease reporting act; the question of carbon monoxide in tobacco smoke; organization of industrial physicians and surgeons in Ohio; inquiry forms for lead poisoning (U. S. P. H. S.); placing of applicants in industrial hygiene work; electric bath treatment for lead-poisoned workers (U. S. P. H. S.); office organization; abolition of night work, especially for women, and increasing membership in the American Public Health Association.

Investigative Work has included: Extent of installation, use, and effect of bathing facilities in industrial plants; follow-up investigation of lead poisoning cases among potters listed during 1914 survey; number and location of industrial physicians in Ohio; literature findings on thirty-five case reports.

Publicity Features have included: Abstracting of industrial hygiene literature for *American Journal of Public Health;* distribution of educational literature; a paper on the "Health Hazards and Afflictions of Soft Coal Miners" for *Modern Medicine;* a lecture in first-aid work to Ohio State University instructors in the industrial arts; address on labor sanitation before men's club of St. Paul's Church of Columbus, and presentation of medical argument against night work before the committee on labor, Ohio House of Representatives. As stated in last month's report, some fifty odd students of the Ohio State University are being trained in the theory of industrial hygiene.

Occupational diseases reported to the Division during the month were: *Wood alcohol poisoning,* one case; *arsenic poisoning,* three cases; *lead poisoning,* two cases; miners' asthma, one case; *engineer's back,* one case. These have been referred to the Industrial Commission. Incomplete reports have recorded 192 cases of tuberculosis among industrial workers.

The director returned from a leave of absence spent in war work with the U. S. Public Health Service and resumed his duties on March 11. The director and consultant attended the quarterly meeting of the Pennsylvania Association of Industrial Physicians and Surgeons, held at Pittsburgh, March 14.

DIVISION OF LABORATORIES

Summary of Activities in March, 1919

The Division made 2,821 examinations in March, of which 2,266 were bacteriological and 555 were chemical. The bacteriological examinations, with their results, were as follows:

Tuberculosis, pos. 87, neg. 201, unsat. 3	391
Typhoid, pos. 9, neg. 25	34
Diphtheria, pos. 29, neg. 225, sus. 16, no growth 7	277
Wassermann, pos. 276, neg. 1,079, unsat. 36	1,391
Gonorrhea, pos. 11, neg. 83	94
Rabies, pos. 13, neg. 5, unsat. 1	19
Water	58
Miscellaneous	2

Outfits were distributed in the following quantities: Tuberculosis 661, diphtheria 610, typhoid 253, Wassermann 1,741, gonorrhea 270, malaria 85, miscellaneous 3, ophthalmia 4,153, typhoid vaccine 205, chemical water 20, bacterial water 136, total 8,137.

The chemical samples examined included 168 samples of foods and 23 of drugs. On the foods, reports were as follows: satisfactory 50, misbranded 1, adulterated 48, insufficient information 69. The misbranded product was one lemon extract. Those adulterated included one butter, one egg substitute, one honey, 30 milk, one pop, 13 sausage, one vinegar.

Results of the drug examinations were: satisfactory 9, misbranded 6 (one acetyl salicylic acid and five miscellaneous drugs), adulterated 4 (one camphor, one miscellaneous, two quinine), insufficient information 4.

DIVISION OF SANITARY ENGINEERING

Summary of Activities in March, 1919

The most important matters considered by the Division of Sanitary Engineering in March are outlined in the following paragraphs:

The city of Toledo is undertaking improvement in the disposal of its sewage by the construction of a system of intercepting sewers to divert sewage from Ten Mile Creek and Swan Creek and convey it to a proper point of outlet at the mouth of the Maumee River. The chief

engineer has been called in conference with the city officials and their consulting engineer to determine the principal features of design of these improvements.

The Division has been called upon to consider improvement in the method of disposal of acid iron wastes produced by the Trumbull Steel Company at Warren. A temporary expedient, consisting of the use of a large storage basin for the wastes, which basin will have a capacity of thirty days' flow, has been agreed to. This method will be placed in use in the near future.

The city of Salem is preparing to enlarge its sewage treatment plant, and plans for the same have been reviewed by the Division. The present plant is inadequate and the enlargements are to be made with an effort to prevent the pollution of a small stream which receives the treated sewage.

The village of Vermilion has taken steps to install a complete system of sanitary sewers and a sewage treatment plant. Plans have been reviewed by the Division. This improvement will add greatly to the attractiveness of Vermilion as a summer resort community.

The city of Barberton has for the past two years been engaged in extensive construction of sanitary sewers and recently has presented plans for sewers for that portion of the city which lies east of the Tuscarawas River. These plans have been reviewed by the Division.

The city of Lakewood has outgrown its system of sanitary sewers installed a number of years ago and has presented for review by the Division plans for the construction of a new trunk sewer which will relieve the inadequacy of the present system.

In all, representatives of the Division made sixty-three visits and attended eleven local conferences in March. Among water supplies approved in certificates issued to railroads were the public supplies of Lancaster, Zanesville, Dover, Montpelier, Van Wert, Martins Ferry, Cadiz, Alliance, Marietta, Lebanon, Napoleon and Lima. Fourteen plans, proposals and complaints were received and forty-three reports, notes and memoranda were submitted by members of the Division staff.

DIVISION OF PLUMBING

Summary of Activities in March, 1919

Fifty-three inspections were made by representatives of the Division during March. Fourteen conferences were attended. Fifteen investigations were made. Five orders and twenty certificates of approval were issued. One set of plans was examined.

BUREAU OF VENEREAL DISEASES

Summary of Activities in March, 1919

A partial summary of the work of the venereal disease clinics and hospitals of the State in March is given in the following statistical table:

Clinic	Patients Treated			No. Visits By Patients	No. Cases Gonorrhea	No. Cases Syphilis	No. Cases Chancroid	Patients Discharged Cured			Patients Discharged from Quarantine	No. Cases Quarantined
	Male	Female	Total					Gonorrhea	Syphilis	Chancroid		
Akron U. S. P. H. S. Clinic	95	26	121	832	41	30	1	23	0	0	0	3
Lorain U. S. P. H. S. Clinic	21	1	22	39	5	12	....	0	1	0	1	0
Cleveland Lakeside Hospital (day)	40	22	62	972	....	62	2	0	0	1	0	1
Cleveland Lakeside Hospital (night)	15	2	17	310	....	17	1	0	0	0	0	0
Toledo U. S. P. H. S. Clinic	72	17	89	1,052	61	23	....	12	3	0	3	7
Cleveland City Hosp.	33	27	60	.....	8	51	3	4	0	2	0	2
Cincinnati U. S. P. H. S. Clinic	80	9	89	135	27	21	1	1	0	0	0	0
Cincinnati Seton Hosp.	5	0	5	15	1	5	1	0	0	0	0	0
Chillicothe U. S. P. H. S. Clinic	5	55	60	220	57	17	....	0	2	0	9	24
Columbus U. S. P. H. S. Clinic	8	81	89	131	4	63	....	0	0	0	0	0
Portsmouth U. S. P. H. S. Clinic	55	33	88	240	29	32	8	1	2	1	0	0
Cincinnati Gen. Hosp. (day)	23	10	33	342	9	24	1	0	0	0	0	0
Cincinnati Gen. Hosp. (night)	19	9	28	299	3	21	....	0	0	0	0	0
Cleveland Mt. Sinai Hosp.	23	1	24	455	21	4	....	0	0	0	0	0
Columbus Lab.	....	....	....	.....	11	312	....	....	....	....	....	....
Cleveland Lab., city and state at large	....	....	....	.....	16	213	....	....	....	....	....	....
Totals	494	293	787	5,042	293	907	18	41	8	4	13	38
February total	304	243	547	3,304	218	649	20	19	1	2	22	31

Ninety-five lectures, attended by approximately 13,846 persons, were given by representatives of the Bureau in March. The film "Fit to Fight" was exhibited eighteen times. A large amount of literature was distributed.

BUREAU OF PUBLICITY

Summary of Activities in March, 1919

Twenty-five publicity stories were released during the month, of which sixteen were included in the weekly News Letter to all Ohio papers and the remainder were special stories for individual papers or groups of papers. News Letter stories appeared in 157 different newspapers, published in seventy-eight counties and 121 municipalities, and

attained a total (incomplete) of 3,323,203 printed copies — an average circulation of 207,700 per story.

Publications were issued as follows: 1,000 copies Reprint 1902, House Bill No. 211 (from February, 1919, OHIO PUBLIC HEALTH JOURNAL); 10,000 copies Health Education Bulletin 108 (ninth edition), "Diphtheria: Its Prevention and Restriction." Orders for the following publications were in the hands of the printer: 100,000 copies "Keeping Fit" (reproduction of U. S. Public Health Service sex hygiene pamphlet for boys); 1,000 copies Administrative Bulletin 131, "Publications of the State Department of Health"; 500 copies Reprint 1901, "Wood Dust: Its Relation to Health" (from January, 1919, OHIO PUBLIC HEALTH JOURNAL). Distribution of publications amounted to 26,536, of which total sex hygiene and venereal disease literature made up a large part.

Copy was prepared for Volume X, Number 3 (March, 1919, issue), of the OHIO PUBLIC HEALTH JOURNAL. Names added to the Journal mailing list totaled 51, names dropped 57.

Twelve volumes were added to the Department Library.

PUBLIC HEALTH NOTES FROM OVER THE STATE

A children's dispensary has been opened at Elyria. The dispensary, in charge of the public health nurse, will be open for one hour each Tuesday at Gates Hospital, and mothers of children under six are urged to come to it for advice as to the care of the little ones.

* * *

Springfield has a new tuberculosis clinic, operated under the supervision of the city health department. The need for work for the prevent of tuberculosis was urged by Acting City Health Director C. G. Augustus in his recent report for the year 1918.

* * *

Dayton entered the class of cities with typhoid fever death rates below 10 per 100,000 population in 1918. In 1917 it was the only one of the five largest Ohio cities with a rate higher than 10. The 1918 rate, as computed by city health authorities, is 6.9 per 100,000. For previous years the rates are: 1917, 13.7; 1916, 14.7; 1911-15 (average), 14.8; 1906-10 (average), 22.5. Prior to 1911, Dayton's typhoid rate was lower than those of the other cities, except Cleveland, but Dayton failed to decrease the mortality as rapidly as the others. The 1918 rate just announced is lower than were the 1917 rates of Cleveland, Columbus and Toledo.

* * *

Arrangements for the conducting of a health survey of Hamilton by representatives of the State Department of Health are being made at the request of city health officials, the chamber of commerce and the federated charities.

VIEWS OF THE PRESS ON PUBLIC HEALTH

Invest in Health

(Scripps-McRae League of Newspapers.)

There is pending before the Ohio legislature the Hughes bill, which provides all the necessary machinery and authority to give Ohio better health.

Nobody is opposing the measure. Yet nobody appears to be doing anything for it. If it sought to stamp out diseases among horses or cattle or sheep it is certain there would be a powerful lobby of farmers behind it, just as city folk would be boosting it if it had something to do with home rule for Ohio cities.

Last year in Ohio 23,000 people died from preventable diseases. Twelve thousand Ohioans had smallpox, perhaps the easiest of all diseases to prevent.

More than 20,000 citizens died from the flu, and in the face of its ravages hospital facilities throughout the state proved woefully inadequate.

Ten per cent of the state's babies die before they are a year old. Progressive countries like New Zealand have found it easy to reduce this death rate to 5 per cent.

Typhoid fever, diphtheria, whooping cough and a host of other ailments which can easily be prevented all carry off their heavy yearly toll in Ohio.

The reason?

Inefficient local health administration in all parts of the state except in a few of the larger cities.

If the actual money loss to the people of the state through preventable sickness and deaths is considered, we have the astounding total of $143,000,000 a year—a loss due largely to the inefficiency of the state's machinery for protecting the health of the people.

The people of a community can't expect much disease prevention service from a man they pay only $4 a year to look after the public health.

There are a number of local health officers in Ohio who draw $4 a year for their work. The average pay for the 2,100 health districts in the state is only $25 a year.

All these health districts conduct their affairs in an independent, haphazard way, and the State Department of Health has no real authority over them.

The natural result is that every time a wave of disease strikes the state a big majority of the local health boards become panic stricken and throw up their hands.

Ohio has been spending yearly $1,500,000 on such a health system—a system that is always ineffectual and inefficient.

A remedy is offered by the Hughes bill. It would reorganize local health service on a county and city basis, substituting about 100 strong districts for the present 2100 weak ones. Each district would be large enough and strong enough financially to employ a trained health officer on a full-time

basis, together with an adequate nursing, medical and clerical force.

In other words, the passage of the Hughes House Bill No. 211 will mean that every resident of Ohio, wherever he may live, will at all times be under the protection of trained health experts who understand the business of preventing disease and devote all their time to it.

It will mean a sharp drop in preventable diseases and death rates and a marked rise in the general health and well-being of the state.

Such a measure is well worth the serious attention of every member of the legislature.

Soon after the publication of the above editorial, the following letter appeared in the Columbus *Citizen,* one of the Scripps-McRae papers:

ENLARGE HOSPITAL FACILITIES.

Editor of Citizen:

That was a splendid editorial in *The Citizen* Saturday, March 22, entitled "Invest In Health." Everybody in Columbus and Ohio too, for that matter, should have read that editorial. As a result of the recent ravages of influenza and other diseases, more or less preventable, it would seem that the State Legislature would not hesitate to do all within its power to give the Buckeye commonwealth the best health administrative machinery in the nation.

Your editorial points out the astounding fact that 20,000 persons died from flu in the state. You also say: "And in the face of its ravages, hospital facilities throughout the state proved woefully inadequate."

Hospital facilities in Columbus, I have been told by physicians, have been seriously inadequate for a long time—that hospitals here have been so crowded that large numbers of flu victims could not be admitted, and that the entrance of other patients, some of whom required urgent surgical treatment, was delayed indefinitely. Doubtless many died in Columbus because of the lack of adequate hospital facilities.

It strikes me that "Invest In Health" would be a good slogan, not only for the state, but for Columbus as well. Let us fight disease in every way we can and not be penurious in putting up the money to do it. Let the city, some organization or public interested citizens get busy and provide the Capital City with adequate facilities, needed so seriously. A new hospital or enlarged hospital facilities would fit well into any reconstruction program for Columbus. We should be abreast of the times in health and hospitals more than any other thing.

INTERESTED.

DISEASES NOTIFIABLE IN OHIO.

Peport cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other disease or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN.

Cancer.
Pellagra.

Preventable Diseases Cost Ohio $142,000,000 In 1917

Typhoid Fever Cost $3,500,000
Smallpox Cost $1,000,000
Diphtheria Cost $630,000
and so on Down the List

Do You Know What the Cost to Your County Was?

The State Department of Health has the figures on file and will gladly tell you, in order that you may

Know Just What Efficient Health Administration

such as your county will get under the Health District Law

Is Going to be Worth to You

"Public Health Is Purchasable" in your community as well as in any other